

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

## Filing at a Glance

Company: Horace Mann Life Insurance Company  
Product Name: Cash value term life insurance  
State: Arkansas  
TOI: L04I Individual Life - Term  
Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
Filing Type: Form  
Date Submitted: 11/08/2012  
SERFF Tr Num: HRCN-128688829  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: IC-351000  
  
Implementation: On Approval  
Date Requested:  
Author(s): Rita Rowe  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 01/18/2013  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
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## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 01/18/2013  
State Status Changed: 11/29/2012  
Deemer Date: Created By: Rita Rowe  
Submitted By: Rita Rowe Corresponding Filing Tracking Number:

### Filing Description:

IC-351000 Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost  
R-IC-351000 Guaranteed Premium Rates  
IL-L25200 Application for individual life insurance  
IL-L25300 Children's Term Insurance Supplement  
IL-L37500 Supplement to application – foreign travel/residence questionnaire  
IL-L39000 Supplement to application – financial questionnaire  
IL-L39100 Supplement to application – additional information  
IL-L38600 Agent/Producer report  
IL-L38700 Consumer privacy notice

Included in this submission are the above listed policy/application forms for your consideration and approval. These are new forms and do not replace any form previously approved by your state insurance department.

No part of the policy contains any unusual or controversial items from normal company or industry standards. Our appointed agents will market this policy on an individual basis. The policy was developed based on the 2001 CSO Mortality Tables.

The policy form is nonparticipating and provides level term life insurance on an Insured to age 95. Premiums for the policy are guaranteed for all policy years. The policy provides for a level premium term period of either 20 or 30 years. After the level premium term period, the policy will renew automatically until the policy anniversary following age 95.

The level term policy may be issued on an educator and non-educator basis. Preferred plus, preferred, standard or rated premium classes will be used. The standard or rated premium classes may be either tobacco usage or nontobacco; however, the preferred plus and preferred premium classes are nontobacco only. The tobacco and non-tobacco premium rates are banded at \$25,000 – \$99,999; \$100,000 – \$249,999; and \$250,000 – unlimited. The policy fee will be an annual charge of \$50 each year.

For filing purposes, we have completed Policy Data pages and Policy Summary (Cost Disclosure) in "John Doe" fashion. We have included a statement of variability that outlines the items that are bracketed as variable.

Variable text for previously approved riders that may be used with this product has been included. If the policyholder does not elect any of the riders shown, the text for that rider will not print when the policy is issued.

For your records, we will not market this product with life illustrations. Please be assured that if it is determined at a later date

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that we wish to market this product with life illustrations, the proper certifications, completed by the illustration actuary and the responsible officer, will be submitted to the company's Board of Directors and the Department of Insurance's director or commissioner, whichever is appropriate.

This policy form will be produced through an electronic publishing system. For filing purposes, it has been submitted as printed on a laser printer. However, margin settings, spacing, line spacing, page endings, page numbers, etc., may differ.

The application and related forms included in this submission will be used with previously approved products and with future products as needed. In addition to new business applications, this application may be used for policy changes as well. When it is used for policy changes, all sections are required to be completed because policy changes are limited to those requiring evidence of insurability. We will be submitting a policy change application for guaranteed issues in the near future.

The foreign travel/residence questionnaire will be used based on the applicant's response to the applicable questions on the application for insurance. The financial questionnaire will be used based on our underwriting guidelines. The additional information form will be used when the applicant needs additional space to complete their response to certain areas or questions on the application for insurance.

The application and related forms have been completed in "John Doe" fashion with variable items enclosed in brackets. We have included a statement of variability for all variable items.

The paper and electronic versions of these forms will be identical. The electronic version will appear as a fillable PDF on the computer screen. We will also be using electronic signature capabilities. If the applicant chooses to decline the use of electronic signature process, the electronic signature agreement section will not print, the application will be printed and a wet signature will be obtained.

We have included copies of the actuarial memorandum and other necessary forms or certifications, if any, which may be required.

## Company and Contact

### Filing Contact Information

Rita Rowe, Sr. Product Development & Compliance Coordinator      rower1@horacemann.com  
 1 Horace Mann Plaza      217-788-5703 [Phone]  
 Springfield, IL 62715-0001      217-535-7197 [FAX]

### Filing Company Information

|                                    |                         |                             |
|------------------------------------|-------------------------|-----------------------------|
| Horace Mann Life Insurance Company | CoCode: 64513           | State of Domicile: Illinois |
| 1 Horace Mann Plaza                | Group Code: 300         | Company Type: Life,         |
| Springfield, IL 62715-0001         | Group Name:             | Accident/Health, Annuity,   |
| (217) 789-2500 ext. [Phone]        | FEIN Number: 37-0726637 | Credit                      |
|                                    |                         | State ID Number:            |

## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$50.00

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Retaliatory? No  
Fee Explanation: \$50 X 8  
Per Company: No

| Company                            | Amount   | Date Processed | Transaction # |
|------------------------------------|----------|----------------|---------------|
| Horace Mann Life Insurance Company | \$400.00 | 11/08/2012     | 64708555      |

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
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## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 01/18/2013 | 01/18/2013     |
| Approved-Closed | Linda Bird | 12/13/2012 | 12/13/2012     |
| Approved-Closed | Linda Bird | 11/29/2012 | 11/29/2012     |

### Objection Letters and Response Letters

#### Objection Letters

| Status                    | Created By | Created On | Date Submitted |
|---------------------------|------------|------------|----------------|
| Pending Industry Response | Linda Bird | 11/26/2012 | 11/26/2012     |

#### Response Letters

| Responded By | Created On | Date Submitted |
|--------------|------------|----------------|
| Rita Rowe    | 11/27/2012 | 11/27/2012     |

### Amendments

| Schedule            | Schedule Item Name  | Created By | Created On | Date Submitted |
|---------------------|---|------------|------------|----------------|
| Form                | Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost | Rita Rowe  | 01/16/2013 | 01/18/2013     |
| Form                | Application for individual life insurance   | Rita Rowe  | 01/16/2013 | 01/18/2013     |
| Supporting Document | Life & Annuity - Acturial Memo  | Rita Rowe  | 01/18/2013 | 01/18/2013     |
| Supporting Document | Cost Disclosure   | Rita Rowe  | 01/16/2013 | 01/18/2013     |
| Form                | Agent/Producer report   | Rita Rowe  | 12/12/2012 | 12/12/2012     |
| Form                | Supplement to application - foreign travel/residence questionnaire                                      | Rita Rowe  | 11/21/2012 | 11/21/2012     |
| Form                | Children's Term Insurance Supplement  | Rita Rowe  | 11/20/2012 | 11/20/2012     |
| Form                | Children's Term Insurance Supplement  | Rita Rowe  | 11/20/2012 | 11/20/2012     |

**SERFF Tracking #:**

HRCN-128688829

**State Tracking #:****Company Tracking #:**

IC-351000

**State:**

Arkansas

**Filing Company:**

Horace Mann Life Insurance Company

**TOI/Sub-TOI:**

L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

**Product Name:**

Cash value term life insurance

**Project Name/Number:**

/

**Amendments**

| Schedule               | Schedule Item Name   | Created By | Created On | Date Submitted |
|------------------------|--|------------|------------|----------------|
| Form                   | Level Term Life Insurance to Age 95, Annually Renewable<br>Following the Specified Period, Guaranteed Cost | Rita Rowe  | 11/13/2012 | 11/13/2012     |
| Form                   | Application for individual life insurance  | Rita Rowe  | 11/12/2012 | 11/12/2012     |
| Supporting<br>Document | Statement of variability   | Rita Rowe  | 11/12/2012 | 11/12/2012     |

**Filing Notes**

| Subject        | Note Type        | Created By | Created On | Date Submitted |
|----------------|------------------|------------|------------|----------------|
| Re-open filing | Note To Filer    | Linda Bird | 01/16/2013 | 01/16/2013     |
| Re-open filing | Note To Reviewer | Rita Rowe  | 01/15/2013 | 01/15/2013     |
| Re-open filing | Note To Filer    | Linda Bird | 12/12/2012 | 12/12/2012     |
| Re-open filing | Note To Reviewer | Rita Rowe  | 12/12/2012 | 12/12/2012     |

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**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

## Disposition

Disposition Date: 01/18/2013

Implementation Date:

Status: Approved-Closed

Comment: Company has made corrections to the original filing.

Rate data does NOT apply to filing.

| Schedule                      | Schedule Item   | Schedule Item Status | Public Access |
|-------------------------------|---|----------------------|---------------|
| Supporting Document           | Flesch Certification  |                      | Yes           |
| Supporting Document           | Application   |                      | No            |
| Supporting Document (revised) | Life & Annuity - Acturial Memo  |                      | No            |
| Supporting Document           | Life & Annuity - Acturial Memo  | Replaced             | No            |
| Supporting Document (revised) | Statement of variability  |                      | Yes           |
| Supporting Document           | Statement of variability  | Replaced             | Yes           |
| Supporting Document (revised) | Cost Disclosure   |                      | Yes           |
| Supporting Document           | Cost Disclosure   | Replaced             | Yes           |
| Supporting Document           | Guaranty Association Notice   |                      | Yes           |
| Supporting Document           | Certification   |                      | Yes           |
| Form (revised)                | Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost |                      | Yes           |
| Form                          | Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost | Replaced             | Yes           |

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Horace Mann Life Insurance Company

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L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name:

Cash value term life insurance

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| Schedule       | Schedule Item   | Schedule Item Status | Public Access |
|----------------|---|----------------------|---------------|
| Form           | Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost | Replaced             | Yes           |
| Form (revised) | Application for individual life insurance   |                      | Yes           |
| Form           | Application for individual life insurance   | Replaced             | Yes           |
| Form           | Application for individual life insurance   | Replaced             | Yes           |
| Form (revised) | Children's Term Insurance Supplement  |                      | Yes           |
| Form           | Children's Term Insurance Supplement  | Replaced             | Yes           |
| Form           | Children's Term Insurance Supplement  | Replaced             | Yes           |
| Form (revised) | Supplement to application - foreign travel/residence questionnaire                                      |                      | Yes           |
| Form           | Supplement to application - foreign travel/residence questionnaire                                      | Replaced             | Yes           |
| Form           | Supplement to application - financial questionnaire   |                      | Yes           |
| Form           | Supplement to application - additional information  |                      | Yes           |
| Form (revised) | Agent/Producer report   |                      | Yes           |
| Form           | Agent/Producer report   | Replaced             | Yes           |
| Form           | Consumer privacy notice   |                      | Yes           |
| Rate           | R-IC-351000   |                      | Yes           |

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
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## Disposition

Disposition Date: 12/13/2012

Implementation Date:

Status: Approved-Closed

Comment: Correction made to update version of the Agent/Producer report.

Rate data does NOT apply to filing.

| Schedule                      | Schedule Item   | Schedule Item Status | Public Access |
|-------------------------------|---|----------------------|---------------|
| Supporting Document           | Flesch Certification  |                      | Yes           |
| Supporting Document           | Application   |                      | No            |
| Supporting Document (revised) | Life & Annuity - Acturial Memo  |                      | No            |
| Supporting Document           | Life & Annuity - Acturial Memo  | Replaced             | No            |
| Supporting Document (revised) | Statement of variability  |                      | Yes           |
| Supporting Document           | Statement of variability  | Replaced             | Yes           |
| Supporting Document (revised) | Cost Disclosure   |                      | Yes           |
| Supporting Document           | Cost Disclosure   | Replaced             | Yes           |
| Supporting Document           | Guaranty Association Notice   |                      | Yes           |
| Supporting Document           | Certification   |                      | Yes           |
| Form (revised)                | Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost |                      | Yes           |
| Form                          | Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost | Replaced             | Yes           |

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IC-351000

State:

Arkansas

Filing Company:

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Product Name:

Cash value term life insurance

Project Name/Number:

/

| Schedule       | Schedule Item   | Schedule Item Status | Public Access |
|----------------|---|----------------------|---------------|
| Form           | Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost | Replaced             | Yes           |
| Form (revised) | Application for individual life insurance   |                      | Yes           |
| Form           | Application for individual life insurance   | Replaced             | Yes           |
| Form           | Application for individual life insurance   | Replaced             | Yes           |
| Form (revised) | Children's Term Insurance Supplement  |                      | Yes           |
| Form           | Children's Term Insurance Supplement  | Replaced             | Yes           |
| Form           | Children's Term Insurance Supplement  | Replaced             | Yes           |
| Form (revised) | Supplement to application - foreign travel/residence questionnaire                                      |                      | Yes           |
| Form           | Supplement to application - foreign travel/residence questionnaire                                      | Replaced             | Yes           |
| Form           | Supplement to application - financial questionnaire   |                      | Yes           |
| Form           | Supplement to application - additional information  |                      | Yes           |
| Form (revised) | Agent/Producer report   |                      | Yes           |
| Form           | Agent/Producer report   | Replaced             | Yes           |
| Form           | Consumer privacy notice   |                      | Yes           |
| Rate           | R-IC-351000   |                      | Yes           |

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

## Disposition

Disposition Date: 11/29/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| Schedule                      | Schedule Item   | Schedule Item Status | Public Access |
|-------------------------------|---|----------------------|---------------|
| Supporting Document           | Flesch Certification  |                      | Yes           |
| Supporting Document           | Application   |                      | No            |
| Supporting Document (revised) | Life & Annuity - Acturial Memo  |                      | No            |
| Supporting Document           | Life & Annuity - Acturial Memo  | Replaced             | No            |
| Supporting Document (revised) | Statement of variability  |                      | Yes           |
| Supporting Document           | Statement of variability  | Replaced             | Yes           |
| Supporting Document (revised) | Cost Disclosure   |                      | Yes           |
| Supporting Document           | Cost Disclosure   | Replaced             | Yes           |
| Supporting Document           | Guaranty Association Notice   |                      | Yes           |
| Supporting Document           | Certification   |                      | Yes           |
| Form (revised)                | Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost |                      | Yes           |
| Form                          | Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost | Replaced             | Yes           |

SERFF Tracking #:

HRCN-128688829

State Tracking #:

Company Tracking #:

IC-351000

State:

Arkansas

Filing Company:

Horace Mann Life Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name:

Cash value term life insurance

Project Name/Number:

/

| Schedule       | Schedule Item   | Schedule Item Status | Public Access |
|----------------|---|----------------------|---------------|
| Form           | Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost | Replaced             | Yes           |
| Form (revised) | Application for individual life insurance   |                      | Yes           |
| Form           | Application for individual life insurance   | Replaced             | Yes           |
| Form           | Application for individual life insurance   | Replaced             | Yes           |
| Form (revised) | Children's Term Insurance Supplement  |                      | Yes           |
| Form           | Children's Term Insurance Supplement  | Replaced             | Yes           |
| Form           | Children's Term Insurance Supplement  | Replaced             | Yes           |
| Form (revised) | Supplement to application - foreign travel/residence questionnaire                                      |                      | Yes           |
| Form           | Supplement to application - foreign travel/residence questionnaire                                      | Replaced             | Yes           |
| Form           | Supplement to application - financial questionnaire   |                      | Yes           |
| Form           | Supplement to application - additional information  |                      | Yes           |
| Form (revised) | Agent/Producer report   |                      | Yes           |
| Form           | Agent/Producer report   | Replaced             | Yes           |
| Form           | Consumer privacy notice   |                      | Yes           |
| Rate           | R-IC-351000   |                      | Yes           |

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**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

## Objection Letter

|                         |                           |
|-------------------------|---------------------------|
| Objection Letter Status | Pending Industry Response |
| Objection Letter Date   | 11/26/2012                |
| Submitted Date          | 11/26/2012                |
| Respond By Date         | 12/26/2012                |

---

Dear Rita Rowe,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

*Comments: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.*

*Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.*

*Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.*

**Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,  
Linda Bird*

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
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**Product Name:** Cash value term life insurance  
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## Response Letter

|                        |                    |
|------------------------|--------------------|
| Response Letter Status | Submitted to State |
| Response Letter Date   | 11/27/2012         |
| Submitted Date         | 11/27/2012         |

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Dear Linda Bird,

### **Introduction:**

Thank you for your response.

### **Response 1**

#### **Comments:**

I have attached our guaranty association notice form IL-M513AR that is used to comply with Regulation 49.

Also attached is the certification required by Regulation 19S10B.

### **Related Objection 1**

Comments: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

### **Changed Items:**

SERFF Tracking #:

HRCN-128688829

State Tracking #:

Company Tracking #:

IC-351000

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
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| Supporting Document Schedule Item Changes |                             |
|---|-----------------------------|
| Satisfied - Item:                         | Guaranty Association Notice |
| Comments:                                 |                             |
| Attachment(s):                            |                             |
| IL-M513AR.pdf                             |                             |
| Satisfied - Item:                         | Certification               |
| Comments:                                 |                             |
| Attachment(s):                            |                             |
| Arkansas Certification.pdf                |                             |

| Supporting Document Schedule Item Changes |                             |
|---|-----------------------------|
| Satisfied - Item:                         | Guaranty Association Notice |
| Comments:                                 |                             |
| Attachment(s):                            |                             |
| IL-M513AR.pdf                             |                             |
| Satisfied - Item:                         | Certification               |
| Comments:                                 |                             |
| Attachment(s):                            |                             |
| Arkansas Certification.pdf                |                             |

No Form Schedule items changed.  
 No Rate/Rule Schedule items changed.

**Conclusion:**

Please let me know if you need anything further.

Sincerely,  
Rita Rowe

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Product Name:

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## Amendment Letter

Submitted Date:

01/18/2013

Comments:

We have modified some of our cash values from the original filing in order to satisfy compliance with Section 8 of the NAIC Standard Non-forfeiture Law, Consistency of progression of cash surrender values with increasing policy duration, and as required by Actuarial Guideline 45. The actuarial memorandum has been revised and describes the process and our certification of compliance with Section 8.

This change affected the variable values on the policy data pages and cost disclosure. On the Table of Guaranteed Values, year 4, the Cash Value was changed from \$39.50 to \$50.00 and the RPU was changed from \$200.50 to \$253.75. On the Cost Disclosure, year 4, the Cash Value was changed from \$39.50 to \$50.00.

Additionally, we revised the application form. The only difference between this updated version and the one previously approved is that we re-arranged the "application type" section located at the very beginning of the application. We moved "Internal replacement" to the bottom of the list to improve the workflow from an agent's perspective.

We hereby no other changes have been made to the previously approved forms, except as identified above.

Changed Items:

State: Arkansas

Filing Company:

Horace Mann Life Insurance Company

TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Cash value term life insurance

Project Name/Number: /

## Form Schedule Item Changes:

| Form Schedule Item Changes |   |             |           |             |                      |                   |   |   |
|----------------------------|---|-------------|-----------|-------------|----------------------|-------------------|---|---|
| Item No.                   | Form Name   | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments   | Submitted                                   |
| 1                          | Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost | IC-351000   | POL       | Initial     |                      | 50.010            | IC-351000 01-16-13.pdf  | Date Submitted: 01/18/2013<br>By:           |
| <i>Previous Version</i>    |   |             |           |             |                      |                   |   |   |
| 1                          | Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost | IC-351000   | POL       | Initial     |                      | 50.010            | IC-351000 11-12-12.pdf  | Date Submitted: 11/13/2012<br>By:           |
| <i>Previous Version</i>    |   |             |           |             |                      |                   |   |   |
| 1                          | Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost | IC-351000   | POL       | Initial     |                      | 50.010            | IC-351000.pdf   | Date Submitted: 11/08/2012<br>By: Rita Rowe |
| 2                          | Application for individual life insurance   | IL-L25200   | AEF       | Initial     |                      | 50.178            | IL-L25200 Individual Life Application 1-16-13.pdf               | Date Submitted: 01/18/2013<br>By:           |
| <i>Previous Version</i>    |   |             |           |             |                      |                   |   |   |
| 2                          | Application for individual life insurance   | IL-L25200   | AEF       | Initial     |                      | 50.178            | IL-L25200 Individual Life Application 11-12-2012 - John Doe.pdf | Date Submitted: 11/12/2012<br>By:           |

SERFF Tracking #:

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Arkansas

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Horace Mann Life Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name:

Cash value term life insurance

Project Name/Number:

/

**Form Schedule Item Changes:**

**Form Schedule Item Changes**

*Previous Version*

|   |   |           |     |         |  |        |   |   |
|---|---|-----------|-----|---------|--|--------|---|---|
| 2 | Application for individual life insurance | IL-L25200 | AEF | Initial |  | 50.178 | IL-L25200 Individual Life Application 11-07-2012 - John Doe.pdf | Date Submitted: 11/08/2012<br>By: Rita Rowe |
|---|---|-----------|-----|---------|--|--------|---|---|

No Rate Schedule Items Changed.

SERFF Tracking #:

HRCN-12868829

State Tracking #:

Company Tracking #:

IC-351000

State: Arkansas

Filing Company:

Horace Mann Life Insurance Company

TOI/Sub-TOI: L041 Individual Life - Term/L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Cash value term life insurance

Project Name/Number: /

**Supporting Document Schedule Item Changes**

Satisfied - Item: Life &amp; Annuity - Actuarial Memo

Comments:

Attachment(s):

IC-351 Reserve Demonstrations 2012.pdf  
 IC-351 Actuarial Memorandum 2013.pdf  
 IC-351 Cash Value Demonstrations 1-15-13.pdf  
 IC-351 Cash Values 1-16-13.pdf  
 IC-351 Paid Up Term Insurance 1-16-13.pdf

*Previous Version*

Satisfied - Item: Life &amp; Annuity - Actuarial Memo

Comments:

Attachment(s):

IC-351 Actuarial Memorandum 2012.pdf  
 IC-351 Reserve Demonstrations 2012.pdf  
 IC-351 Cash Value Demonstrations 2012.pdf  
 IC-351 Cash Values.pdf  
 IC-351 Reduced Paid Up Term Values.pdf

Satisfied - Item: Cost Disclosure

Comments:

Attachment(s):

351 Cost Disclosure - Standard 01162013.pdf

*Previous Version*

Satisfied - Item: Cost Disclosure

Comments:

Attachment(s):

351 Cost Disclosure - Standard.pdf

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

## Amendment Letter

Submitted Date: 12/12/2012

### Comments:

Our Marketing staff has asked that we include a place for School District Code on our Agent/Producer report. Therefore, I have attached a revised Agent/Producer report.

Changed Items:

### Form Schedule Item Changes:

| Form Schedule Item Changes |                       |             |           |             |                      |                   |   |   |
|----------------------------|-----------------------|-------------|-----------|-------------|----------------------|-------------------|---|---|
| Item No.                   | Form Name             | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments   | Submitted                                   |
| 1                          | Agent/Producer report | IL-L38600   | AEF       | Initial     |                      | 0.000             | ICC12-386 Agent-Producer report 12-12-12.pdf            | Date Submitted: 12/12/2012<br>By:           |
| <i>Previous Version</i>    |                       |             |           |             |                      |                   |   |   |
| 1                          | Agent/Producer report | IL-L38600   | AEF       | Initial     |                      | 0.000             | IL-L38600 Agent-Producer report 11-07-12 - John Doe.pdf | Date Submitted: 11/08/2012<br>By: Rita Rowe |

No Rate Schedule Items Changed.

No Supporting Documents Changed.

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

## Amendment Letter

Submitted Date: 11/21/2012

### Comments:

I am so sorry to have to amend this filing again; however, I inadvertently attached a form that was previous approved by your department instead of the new version. I hope this has not caused you any inconvenience.

### Changed Items:

### Form Schedule Item Changes:

| Form Schedule Item Changes |   |                  |            |                |                      |                   |   |   |
|----------------------------|---|------------------|------------|----------------|----------------------|-------------------|---|---|
| Item No.                   | Form Name   | Form Number      | Form Type  | Form Action    | Action Specific Data | Readability Score | Attachments   | Submitted   |
| 1                          | Supplement to application - foreign travel/residence questionnaire        | IL-L37504        | AEF        | Initial        |                      | 0.000             | IL-L37504 Foreign travel residence questionnaire 11-21-2012 - John Doe.pdf        | Date Submitted: 11/21/2012<br>By:                   |
| <i>Previous Version</i>    |   |                  |            |                |                      |                   |   |   |
| 1                          | <i>Supplement to application - foreign travel/residence questionnaire</i> | <i>IL-L37500</i> | <i>AEF</i> | <i>Initial</i> |                      | <i>0.000</i>      | <i>IL-L37500 Foreign travel residence questionnaire 11-08-2012 - John Doe.pdf</i> | <i>Date Submitted: 11/08/2012<br/>By: Rita Rowe</i> |

No Rate Schedule Items Changed.

No Supporting Documents Changed.

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

## Amendment Letter

Submitted Date: 11/20/2012

Comments:

I should have made the fraud notice variable.

Changed Items:

### Form Schedule Item Changes:

| Form Schedule Item Changes |   |                  |            |                |                      |                   |  |   |
|----------------------------|---|------------------|------------|----------------|----------------------|-------------------|--|---|
| Item No.                   | Form Name                                   | Form Number      | Form Type  | Form Action    | Action Specific Data | Readability Score | Attachments  | Submitted   |
| 1                          | Children's Term Insurance Supplement        | IL-L25300        | AEF        | Initial        |                      | 0.000             | IL-L25300 Children's Supplement 11-20-12<br>John Doe.pdf           | Date Submitted:<br>11/20/2012<br>By:                    |
| <i>Previous Version</i>    |   |                  |            |                |                      |                   |  |   |
| 1                          | <i>Children's Term Insurance Supplement</i> | <i>IL-L25300</i> | <i>AEF</i> | <i>Initial</i> |                      | <i>0.000</i>      | <i>IL-L25300 Children's Supplement 11-20-12<br/>John Doe.pdf</i>   | <i>Date Submitted:<br/>11/20/2012<br/>By:</i>           |
| <i>Previous Version</i>    |   |                  |            |                |                      |                   |  |   |
| 1                          | <i>Children's Term Insurance Supplement</i> | <i>IL-L25300</i> | <i>AEF</i> | <i>Initial</i> |                      | <i>0.000</i>      | <i>IL-L25300 Children's Supplement 11-07-12 -<br/>John Doe.pdf</i> | <i>Date Submitted:<br/>11/08/2012<br/>By: Rita Rowe</i> |

No Rate Schedule Items Changed.

No Supporting Documents Changed.

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

## Amendment Letter

Submitted Date: 11/20/2012

**Comments:**

Since this form could be used separately from the base application, we included replacement question and fraud notice on the revised form.

Changed Items:

### Form Schedule Item Changes:

| Form Schedule Item Changes |   |                  |            |                |                      |                   |  |   |
|----------------------------|---|------------------|------------|----------------|----------------------|-------------------|--|---|
| Item No.                   | Form Name                                   | Form Number      | Form Type  | Form Action    | Action Specific Data | Readability Score | Attachments  | Submitted   |
| 1                          | Children's Term Insurance Supplement        | IL-L25300        | AEF        | Initial        |                      | 0.000             | IL-L25300 Children's Supplement 11-20-12<br>John Doe.pdf       | Date Submitted:<br>11/20/2012<br>By:                    |
| <i>Previous Version</i>    |   |                  |            |                |                      |                   |  |   |
| 1                          | <i>Children's Term Insurance Supplement</i> | <i>IL-L25300</i> | <i>AEF</i> | <i>Initial</i> |                      | <i>0.000</i>      | <i>IL-L25300 Children's Supplement 11-07-12 - John Doe.pdf</i> | <i>Date Submitted:<br/>11/08/2012<br/>By: Rita Rowe</i> |

No Rate Schedule Items Changed.

No Supporting Documents Changed.

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

## Amendment Letter

Submitted Date: 11/13/2012

Comments:

I have identified a typo in the form previously submitted and have attached a new version.

Changed Items:

### Form Schedule Item Changes:

| Form Schedule Item Changes |  |                  |            |                |                      |                   |                        |   |
|----------------------------|--|------------------|------------|----------------|----------------------|-------------------|------------------------|---|
| Item No.                   | Form Name  | Form Number      | Form Type  | Form Action    | Action Specific Data | Readability Score | Attachments            | Submitted   |
| 1                          | Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost        | IC-351000        | POL        | Initial        |                      | 50.010            | IC-351000 11-12-12.pdf | Date Submitted: 11/13/2012<br>By:                   |
| <i>Previous Version</i>    |  |                  |            |                |                      |                   |                        |   |
| 1                          | <i>Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost</i> | <i>IC-351000</i> | <i>POL</i> | <i>Initial</i> |                      | <i>50.010</i>     | <i>IC-351000.pdf</i>   | <i>Date Submitted: 11/08/2012<br/>By: Rita Rowe</i> |

No Rate Schedule Items Changed.

No Supporting Documents Changed.

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

## Amendment Letter

Submitted Date: 11/12/2012

### Comments:

I realized that I forgot to make the fraud notice variable to accommodate any state specific fraud notice that may be required. We intend to use the fraud notice currently on the application form in your state unless you indicate otherwise.

Changed Items:

### Form Schedule Item Changes:

| Form Schedule Item Changes |   |             |           |             |                      |                   |   |   |
|----------------------------|---|-------------|-----------|-------------|----------------------|-------------------|---|---|
| Item No.                   | Form Name                                 | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments   | Submitted                                   |
| 1                          | Application for individual life insurance | IL-L25200   | AEF       | Initial     |                      | 50.178            | IL-L25200 Individual Life Application 11-12-2012 - John Doe.pdf | Date Submitted: 11/12/2012<br>By:           |
| <i>Previous Version</i>    |   |             |           |             |                      |                   |   |   |
| 1                          | Application for individual life insurance | IL-L25200   | AEF       | Initial     |                      | 50.178            | IL-L25200 Individual Life Application 11-07-2012 - John Doe.pdf | Date Submitted: 11/08/2012<br>By: Rita Rowe |

No Rate Schedule Items Changed.

SERFF Tracking #:

HRCN-128688829

State Tracking #:

Company Tracking #:

IC-351000

State:

Arkansas

Filing Company:

Horace Mann Life Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name:

Cash value term life insurance

Project Name/Number:

/

### Supporting Document Schedule Item Changes

Satisfied - Item:

Statement of variability

Comments:

Attachment(s):

351SOV Statement of variability.pdf

Base Non-compact APPSOV Statement of variability 11-12-12.pdf

*Previous Version*

*Satisfied - Item:*

*Statement of variability*

*Comments:*

*Attachment(s):*

*351SOV Statement of variability.pdf*

*Base Non-compact APPSOV Statement of variability.pdf*

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**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

## Note To Filer

**Created By:**

Linda Bird on 01/16/2013 10:48 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

01/16/2013 10:48 AM

**Subject:**

Re-open filing

**Comments:**

Filing has been re-opened for changes to be made.

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

## Note To Reviewer

**Created By:**

Rita Rowe on 01/15/2013 11:50 AM

**Last Edited By:**

Rita Rowe

**Submitted On:**

01/15/2013 11:50 AM

**Subject:**

Re-open filing

**Comments:**

We need to make a change to the submitted cash values due to an objection we received from the interstate compact. Additionally, we would like to update application form. The only difference between this updated version and the one previously approved is that we re-arranged the "application type" section located at the very beginning of the application. We moved "Internal replacement" to the bottom of the list to improve the workflow from an agent's perspective.

---

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

## Note To Filer

**Created By:**

Linda Bird on 12/12/2012 03:22 PM

**Last Edited By:**

Linda Bird

**Submitted On:**

12/12/2012 03:22 PM

**Subject:**

Re-open filing

**Comments:**

Filing has been re-opened in order for correction to be made.

---

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

## Note To Reviewer

**Created By:**

Rita Rowe on 12/12/2012 02:29 PM

**Last Edited By:**

Rita Rowe

**Submitted On:**

12/12/2012 02:29 PM

**Subject:**

Re-open filing

**Comments:**

Our Marketing staff has asked that we include a place for School District Code on our Agent/Producer report. Therefore, I would like to have this filing re-opened to allow us to include an updated version of the Agent/Producer report.

State: Arkansas

Filing Company:

Horace Mann Life Insurance Company

TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Cash value term life insurance

Project Name/Number: /

## Form Schedule

### Lead Form Number: IC-351000

| Item No. | Schedule Item Status | Form Name   | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments  |
|----------|----------------------|---|-------------|-----------|-------------|----------------------|-------------------|--|
| 1        |                      | Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost | IC-351000   | POL       | Initial     |                      | 50.010            | IC-351000 01-16-13.pdf   |
| 2        |                      | Application for individual life insurance   | IL-L25200   | AEF       | Initial     |                      | 50.178            | IL-L25200 Individual Life Application 1-16-13.pdf                          |
| 3        |                      | Children's Term Insurance Supplement  | IL-L25300   | AEF       | Initial     |                      | 0.000             | IL-L25300 Children's Supplement 11-20-12 John Doe.pdf                      |
| 4        |                      | Supplement to application - foreign travel/residence questionnaire                                      | IL-L37504   | AEF       | Initial     |                      | 0.000             | IL-L37504 Foreign travel residence questionnaire 11-21-2012 - John Doe.pdf |
| 5        |                      | Supplement to application - financial questionnaire   | IL-L39000   | AEF       | Initial     |                      | 0.000             | IL-L39000 Financial questionnaire 11-08-12 - John Doe.pdf                  |

State: Arkansas

Filing Company:

Horace Mann Life Insurance Company

TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Cash value term life insurance

Project Name/Number: /

## Lead Form Number: IC-351000

| Item No. | Schedule Item Status | Form Name  | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments  |
|----------|----------------------|--|-------------|-----------|-------------|----------------------|-------------------|--|
| 6        |                      | Supplement to application - additional information | IL-L39100   | AEF       | Initial     |                      | 0.000             | IL-L39100 Additional information 11-07-12 - John Doe.pdf |
| 7        |                      | Agent/Producer report                              | IL-L38600   | AEF       | Initial     |                      | 0.000             | ICC12-386 Agent-Producer report 12-12-12.pdf             |
| 8        |                      | Consumer privacy notice                            | IL-L38700   | OTH       | Initial     |                      | 0.000             | IL-L38700 Consumer privacy notice 11-07-12.pdf           |

## Form Type Legend:

|             |   |             |  |
|-------------|---|-------------|--|
| <b>ADV</b>  | Advertising   | <b>AEF</b>  | Application/Enrollment Form                              |
| <b>CER</b>  | Certificate   | <b>CERA</b> | Certificate Amendment, Insert Page, Endorsement or Rider |
| <b>DDP</b>  | Data/Declaration Pages  | <b>FND</b>  | Funding Agreement (Annuity, Individual and Group)        |
| <b>MTX</b>  | Matrix  | <b>NOC</b>  | Notice of Coverage                                       |
| <b>OTH</b>  | Other   | <b>OUT</b>  | Outline of Coverage                                      |
| <b>PJK</b>  | Policy Jacket   | <b>POL</b>  | Policy/Contract/Fraternal Certificate                    |
| <b>POLA</b> | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | <b>SCH</b>  | Schedule Pages   |

## **Horace Mann Life Insurance Company**

[A Stock Company  
1 Horace Mann Plaza  
Springfield, Illinois 62715-0001  
800-999-1030  
horacemann.com]

### **Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost**

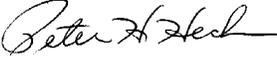
We agree to pay the Insurance Benefits and to provide the other rights and benefits of this policy in accordance with its provisions.

This policy:

- provides level term life insurance on the life of the Insured to the Final Expiry Date;
- has guaranteed premiums for all policy years;
- has premiums that will not increase during the Specified Period;
- is annually Renewable following the Specified Period to the Final Expiry Date;
- is convertible before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier; and
- will develop Cash Value.

This is a nonparticipating policy under which no dividends are paid.

Signed for the Company at Springfield, Illinois on the Date of Issue.

[ 

President

[ 

Corporate Secretary

**Right to examine this policy — It is important for You to be satisfied with this policy. We hope that it meets Your insurance goals. If You are not satisfied, You may return the policy to Us or the agent from whom You purchased it within 20 days after it is delivered to You, and We will refund any premiums You have paid. Return of the policy shall void it as if it had never been issued. If this policy was purchased as a replacement of other coverage, the right to examine this policy will be extended to 30 days.**

This policy is a legal contract between the contract owner and Horace Mann Life Insurance Company.

**Read Your contract carefully.**

We are providing a brief outline of some of the important features of Your contract. This outline is not part of the insurance contract. Only the actual contract provisions will control. The contract sets forth, in detail, the rights and obligations of both You and Horace Mann Life Insurance Company.

**It is therefore important that You read Your contract carefully.**

While this **term life insurance** contract is In Force, it provides a level death benefit to the policy anniversary date following the Insured's age 95. Premiums for this contract are guaranteed for all policy years and are payable as shown on the Table of Guaranteed Annual Premiums. Premiums for this contract will not increase during the Specified Period. After the Specified Period, this policy will automatically Renew annually to the Final Expiry Date.

This term life insurance is convertible before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier. This term life insurance will develop Cash Value that may be used to continue the policy as reduced paid-up term life insurance.

| <b>Policy contents</b>              | <b>Page number</b> |
|-------------------------------------|--------------------|
| Policy Data                         | 2                  |
| Table of Guaranteed Values          | 3                  |
| Table of Guaranteed Annual Premiums | 3                  |
| Settlement Option Tables            | 4                  |
| General definitions                 | 5                  |
| Your plan of insurance              | 5                  |
| Who benefits from this policy?      | 6                  |
| The Insurance Benefits We pay       | 6                  |
| The premiums You pay                | 7                  |
| The term conversion available       | 7                  |
| This policy may be changed          | 8                  |
| The Cash Value of this policy       | 9                  |
| What if Your policy lapses?         | 10                 |
| How benefits are paid               | 11                 |
| Other important information         | 12                 |

Additional benefit provisions or restrictions, if any, and a copy of the application are attached.

POLICY DATA

Policy Number: [00 0000000 0]  
Policy Date: [08-01-2012]  
Date of Issue: [08-01-2012]  
Insurance Amount: \$[25,000]  
Insured: [John Doe]  
Age of Insured as of Policy Date: [35]  
Gender Class of Insured: [Male]  
Beneficiary: Is as stated in the initial application unless changed later upon request.  
Policy Data page prepared as of: [08-01-2012]  
Specified Period: [20] Years  
Policy Fee: \$50 charged each year throughout the lifetime of the policy.  
Premium Payment Options: \$[270.00] annual  
\$[140.40] semi-annual  
\$[ 72.90] quarterly  
[Quarterly] payment frequency selected  
\$[ 72.90] modal premium payment  
We may offer other premium payment options in addition to those shown above. The annual policy fee is included in the amounts shown for the premium payment options.  
Initial Premium: \$[ 72.90] due on [08-01-2012]  
Annual premiums for the level term coverage are shown on the Table of Guaranteed Annual Premiums. The due dates for subsequent premiums are based on the payment frequency selected. All premiums after the first may be paid to Our Home Office or to one of Our authorized agents. A receipt signed by one of the officers of the Company will be furnished upon request.  
[Illinois Department of Insurance]  
Telephone Number: [217-555-1234]

POLICY DATA (CONTINUED)

Insured: [John Doe]  
Policy Number: [00 0000000 0]  
Policy Data page prepared as of: [08-01-2012]

Benefits

Level Term Life Insurance to Age 95,  
Annually Renewable Following the  
Specified Period, Guaranteed Cost

Specified Period: [20] Years  
Insurance Amount: \$[25,000]  
Coverage Effective Date: [08-01-2012]  
Final Expiry Date: [08-01-2072] (Policy anniversary date following  
the attainment of the Insured's age 95)  
Premium Class: [Standard (Nontobacco), male, age 35]  
Guaranteed Annual Premium  
During the Specified Period: \$[179.50] (Includes \$50 policy fee)

All premiums for this policy are guaranteed.  
Annual premiums for this level term coverage  
for subsequent years are shown on the Table of  
Guaranteed Annual Premiums.

[Waiver of Premium Benefit Rider

Insurance Amount (covered by  
rider): \$25,000  
Coverage Effective Date: 08-01-2012  
Issue Date: 08-01-2012  
Coverage Period: Terminates 08-01-2037  
Premium Class: Standard (Nontobacco), male, age 35  
Annual Premium:  
Years Payable - 25 Years  
Amount - \$8.00]

POLICY DATA (CONTINUED)

Insured: [John Doe]  
Policy Number: [00 0000000 0]  
Policy Data page prepared as of: [08-01-2012]

Benefits

[Childrens Term Insurance -  
Insured Children: As defined  
in the rider

Benefit Amount: \$10,000 On Each Insured Child  
Coverage Effective Date: 08-01-2012  
Issue Date: 08-01-2012  
Coverage Period: Rider terminates 08-01-2039. Each child's  
coverage terminates on the rider anniversary  
date following that child's age 25 or the  
rider termination date shown above, whichever  
is earlier.  
Premium Class: Standard  
Annual Premium:  
Years Payable - 27 Years  
Amount - \$80.00]

[Waiver of Premium Benefit Rider

Benefit Amount (covered by  
rider): \$10,000  
Coverage Effective Date: 08-01-2012  
Issue Date: 08-01-2012  
Coverage Period: Terminates 08-01-2037  
Premium Class: Standard, male, age 35  
Annual Premium:  
Years Payable - 25 Years  
Amount - \$2.50]

TABLE OF GUARANTEED VALUES

Insured: [John Doe]  
 Policy Number: [00 000000 0]  
 Date Prepared: [08-01-2012]  
 Coverage: Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost  
 Specified Period: [20] Years  
 Insurance Amount: \$[25,000]  
 Coverage effective as of: [08-01-2012]  
 Class: [Standard (Nontobacco), male, age 35]

| Attained age | Policy year-end | Cash Values | Reduced paid-up term life insurance |
|--------------|-----------------|-------------|-------------------------------------|
| [36          | 1               | \$0.00      | 0.00                                |
| 37           | 2               | 0.00        | 0.00                                |
| 38           | 3               | 0.00        | 0.00                                |
| 39           | 4               | 50.00       | 253.75                              |
| 40           | 5               | 146.75      | 716.50                              |
| 41           | 6               | 258.75      | 1,215.75                            |
| 42           | 7               | 376.00      | 1,700.25                            |
| 43           | 8               | 498.75      | 2,171.25                            |
| 44           | 9               | 627.25      | 2,629.75                            |
| 45           | 10              | 762.00      | 3,077.75                            |
| 46           | 11              | 903.25      | 3,515.75                            |
| 47           | 12              | 1,051.50    | 3,945.50                            |
| 48           | 13              | 1,207.00    | 4,366.25                            |
| 49           | 14              | 1,370.50    | 4,779.75                            |
| 50           | 15              | 1,542.00    | 5,185.25                            |
| 51           | 16              | 1,722.50    | 5,585.75                            |
| 52           | 17              | 1,912.25    | 5,981.50                            |
| 53           | 18              | 2,112.25    | 6,375.75                            |
| 54           | 19              | 2,322.75    | 6,768.50                            |
| 55           | 20              | 2,545.00    | 7,163.50                            |
| Age 60       | 25              | 2,545.00    | 6,069.75                            |
| Age 62       | 27              | 2,545.00    | 5,700.50                            |
| Age 65       | 30              | 2,545.00    | 5,218.25]                           |

All guaranteed Cash Values and reduced paid-up insurance values shown assume that the premiums are paid to the policy year-end. All of these guaranteed values meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy is delivered. We have given the insurance officials there a detailed statement of how We computed the values and benefits. All guaranteed values are based on the 2001 Commissioners Standard Ordinary Mortality Table. The basis for the Mortality Table is age last birthday, sex distinct, smoker distinct and assumes deaths occur at the end of the policy year. The interest rate used to compute the guaranteed values is 4.50% per year. The adjusted premiums used to determine the guaranteed Cash Values are determined using the nonforfeiture net level premium method assuming a level premium. You may obtain values for all years after 20 years by writing Our Home Office.

TABLE OF GUARANTEED ANNUAL PREMIUMS

Insured: [John Doe]  
 Policy Number: [00 0000000 0]  
 Date Prepared: [08-01-2012]  
 Specified Period: [20] Years  
 Insurance Amount: \$[25,000]  
 Coverage effective as of: [08-01-2012]  
 Class: [Standard (Nontobacco), male, age 35]

| Attained Age | Policy Year | Guaranteed Annual Premiums |
|--------------|-------------|----------------------------|
| [35]         | 1           | \$179.50]                  |
| [36]         | 2           | 179.50]                    |
| [37]         | 3           | 179.50]                    |
| [38]         | 4           | 179.50]                    |
| [39]         | 5           | 179.50]                    |
| [40]         | 6           | 179.50]                    |
| [41]         | 7           | 179.50]                    |
| [42]         | 8           | 179.50]                    |
| [43]         | 9           | 179.50]                    |
| [44]         | 10          | 179.50]                    |
| [45]         | 11          | 179.50]                    |
| [46]         | 12          | 179.50]                    |
| [47]         | 13          | 179.50]                    |
| [48]         | 14          | 179.50]                    |
| [49]         | 15          | 179.50]                    |
| [50]         | 16          | 179.50]                    |
| [51]         | 17          | 179.50]                    |
| [52]         | 18          | 179.50]                    |
| [53]         | 19          | 179.50]                    |
| [54]         | 20          | 179.50]                    |
| [55]         | 21          | 195.50]                    |
| [56]         | 22          | 212.00]                    |
| [57]         | 23          | 228.00]                    |
| [58]         | 24          | 244.00]                    |
| [59]         | 25          | 262.75]                    |
| [60]         | 26          | 285.50]                    |
| [61]         | 27          | 313.25]                    |
| [62]         | 28          | 345.50]                    |
| [63]         | 29          | 380.75]                    |
| [64]         | 30          | 417.50]                    |
| [65]         | 31          | 455.75]                    |
| [66]         | 32          | 494.50]                    |
| [67]         | 33          | 535.00]                    |
| [68]         | 34          | 577.75]                    |
| [69]         | 35          | 625.75]                    |
| [70]         | 36          | 681.75]                    |
| [71]         | 37          | 749.75]                    |
| [72]         | 38          | 829.25]                    |
| [73]         | 39          | 913.00]                    |
| [74]         | 40          | 1,003.00]                  |

All premiums for this policy are guaranteed. The above table shows the guaranteed annual premiums for the level term life insurance. The policy fee and any applicable rated class extra premiums for the level term life insurance are included in the premiums above.

TABLE OF GUARANTEED ANNUAL PREMIUMS (CONTINUED)

Insured: [John Doe]  
 Policy Number: [00 0000000 0]  
 Date Prepared: [08-01-2012]  
 Specified Period: [20] Years  
 Insurance Amount: \$[25,000]  
 Coverage effective as of: [08-01-2012]  
 Class: [Standard (Nontobacco), male, age 35]

| Attained Age | Policy Year | Guaranteed Annual Premiums |
|--------------|-------------|----------------------------|
| [75]         | 41          | \$1,101.00]                |
| [76]         | 42          | 1,211.50]                  |
| [77]         | 43          | 1,340.00]                  |
| [78]         | 44          | 1,489.25]                  |
| [79]         | 45          | 1,656.50]                  |
| [80]         | 46          | 1,843.00]                  |
| [81]         | 47          | 2,045.75]                  |
| [82]         | 48          | 2,260.50]                  |
| [83]         | 49          | 2,495.00]                  |
| [84]         | 50          | 2,755.75]                  |
| [85]         | 51          | 3,045.75]                  |
| [86]         | 52          | 3,364.75]                  |
| [87]         | 53          | 3,709.50]                  |
| [88]         | 54          | 4,076.00]                  |
| [89]         | 55          | 4,460.50]                  |
| [90]         | 56          | 4,843.50]                  |
| [91]         | 57          | 5,220.50]                  |
| [92]         | 58          | 5,615.50]                  |
| [93]         | 59          | 6,032.00]                  |
| [94]         | 60          | 6,470.75]                  |

All premiums for this policy are guaranteed. The above table shows the guaranteed annual premiums for the level term life insurance. The policy fee and any applicable rated class extra premiums for the level term life insurance are included in the premiums above.

Equal monthly income payments for each \$1,000 of Insurance Benefits or Cash Value

| <b>Option A and B Tables</b> |  |        |          |        |          |        |          |        |                                    |                     |
|------------------------------|--|--------|----------|--------|----------|--------|----------|--------|------------------------------------|---------------------|
| Age of Payee                 | Life income with payments guaranteed for Life only, 10, 15 or 20 years |        |          |        |          |        |          |        | Income payments for a Fixed Period |                     |
|                              | Life Only  |        | 10 Years |        | 15 Years |        | 20 Years |        | Number of Years in Fixed Period    | Fixed Period Income |
|                              | Male   | Female | Male     | Female | Male     | Female | Male     | Female |                                    |                     |
| 50                           | 3.02   | 2.78   | 3.00     | 2.77   | 2.97     | 2.75   | 2.92     | 2.73   | 10                                 | 8.75                |
| 51                           | 3.09   | 2.84   | 3.07     | 2.83   | 3.04     | 2.81   | 2.98     | 2.78   | 11                                 | 7.99                |
| 52                           | 3.17   | 2.90   | 3.14     | 2.89   | 3.10     | 2.87   | 3.04     | 2.84   | 12                                 | 7.36                |
| 53                           | 3.25   | 2.97   | 3.22     | 2.96   | 3.18     | 2.94   | 3.11     | 2.90   | 13                                 | 6.83                |
| 54                           | 3.33   | 3.04   | 3.30     | 3.03   | 3.25     | 3.00   | 3.17     | 2.96   | 14                                 | 6.37                |
| 55                           | 3.42   | 3.12   | 3.38     | 3.10   | 3.33     | 3.07   | 3.24     | 3.02   | 15                                 | 5.98                |
| 56                           | 3.51   | 3.20   | 3.47     | 3.18   | 3.41     | 3.15   | 3.30     | 3.09   | 16                                 | 5.63                |
| 57                           | 3.61   | 3.29   | 3.56     | 3.26   | 3.49     | 3.22   | 3.37     | 3.16   | 17                                 | 5.33                |
| 58                           | 3.72   | 3.38   | 3.66     | 3.35   | 3.58     | 3.30   | 3.44     | 3.23   | 18                                 | 5.05                |
| 59                           | 3.83   | 3.47   | 3.76     | 3.44   | 3.67     | 3.39   | 3.51     | 3.30   | 19                                 | 4.81                |
| 60                           | 3.95   | 3.57   | 3.87     | 3.53   | 3.76     | 3.47   | 3.59     | 3.37   | 20                                 | 4.59                |
| 61                           | 4.07   | 3.68   | 3.99     | 3.63   | 3.86     | 3.57   | 3.66     | 3.45   | 21                                 | 4.40                |
| 62                           | 4.21   | 3.79   | 4.11     | 3.74   | 3.96     | 3.66   | 3.73     | 3.53   | 22                                 | 4.22                |
| 63                           | 4.35   | 3.91   | 4.23     | 3.85   | 4.06     | 3.76   | 3.80     | 3.60   | 23                                 | 4.05                |
| 64                           | 4.50   | 4.04   | 4.36     | 3.97   | 4.16     | 3.86   | 3.87     | 3.68   | 24                                 | 3.90                |
| 65                           | 4.67   | 4.18   | 4.50     | 4.10   | 4.27     | 3.97   | 3.94     | 3.76   | 25                                 | 3.76                |
| 66                           | 4.84   | 4.32   | 4.65     | 4.23   | 4.38     | 4.08   | 4.00     | 3.84   | 26                                 | 3.64                |
| 67                           | 5.02   | 4.48   | 4.80     | 4.37   | 4.48     | 4.19   | 4.07     | 3.91   | 27                                 | 3.52                |
| 68                           | 5.22   | 4.65   | 4.95     | 4.51   | 4.59     | 4.31   | 4.13     | 3.99   | 28                                 | 3.41                |
| 69                           | 5.43   | 4.83   | 5.11     | 4.67   | 4.70     | 4.42   | 4.18     | 4.06   | 29                                 | 3.31                |
| 70                           | 5.66   | 5.03   | 5.28     | 4.83   | 4.81     | 4.54   | 4.24     | 4.13   | 30                                 | 3.21                |
| 71                           | 5.90   | 5.24   | 5.45     | 5.00   | 4.91     | 4.66   | 4.29     | 4.19   |                                    |                     |
| 72                           | 6.15   | 5.47   | 5.62     | 5.18   | 5.01     | 4.78   | 4.33     | 4.25   |                                    |                     |
| 73                           | 6.42   | 5.71   | 5.80     | 5.37   | 5.11     | 4.90   | 4.37     | 4.30   |                                    |                     |
| 74                           | 6.71   | 5.98   | 5.98     | 5.56   | 5.21     | 5.02   | 4.41     | 4.35   |                                    |                     |
| 75                           | 7.02   | 6.26   | 6.17     | 5.76   | 5.30     | 5.13   | 4.44     | 4.39   |                                    |                     |

The age shown is the Payee's age last birthday when income payments begin.

Equal monthly income payments for each \$1,000 of Insurance Benefits or Cash Value

| <b>Option C Table</b>                           |             |             |             |             |             |
|---|-------------|-------------|-------------|-------------|-------------|
| Joint and Survivor with 50 Percent to Survivor  |             |             |             |             |             |
| Age of Payees                                   | Male Age 55 | Male Age 60 | Male Age 65 | Male Age 70 | Male Age 75 |
| Female Age 55                                   | 3.26        | 3.48        | 3.74        | 4.02        | 4.32        |
| Female Age 60                                   | 3.49        | 3.75        | 4.05        | 4.38        | 4.73        |
| Female Age 65                                   | 3.76        | 4.06        | 4.41        | 4.81        | 5.24        |
| Female Age 70                                   | 4.07        | 4.42        | 4.84        | 5.32        | 5.86        |
| Female Age 75                                   | 4.42        | 4.84        | 5.35        | 5.94        | 6.62        |
| Joint and Survivor with two-thirds to Survivor  |             |             |             |             |             |
| Age of Payees                                   | Male Age 55 | Male Age 60 | Male Age 65 | Male Age 70 | Male Age 75 |
| Female Age 55                                   | 3.08        | 3.26        | 3.44        | 3.62        | 3.80        |
| Female Age 60                                   | 3.29        | 3.51        | 3.75        | 3.99        | 4.21        |
| Female Age 65                                   | 3.51        | 3.79        | 4.09        | 4.41        | 4.72        |
| Female Age 70                                   | 3.73        | 4.08        | 4.47        | 4.90        | 5.32        |
| Female Age 75                                   | 3.97        | 4.39        | 4.88        | 5.44        | 6.03        |
| Joint and Survivor with 100 Percent to Survivor |             |             |             |             |             |
| Age of Payees                                   | Male Age 55 | Male Age 60 | Male Age 65 | Male Age 70 | Male Age 75 |
| Female Age 55                                   | 2.76        | 2.88        | 2.97        | 3.03        | 3.06        |
| Female Age 60                                   | 2.94        | 3.12        | 3.27        | 3.38        | 3.46        |
| Female Age 65                                   | 3.09        | 3.34        | 3.58        | 3.78        | 3.93        |
| Female Age 70                                   | 3.21        | 3.54        | 3.89        | 4.22        | 4.50        |
| Female Age 75                                   | 3.29        | 3.69        | 4.16        | 4.64        | 5.11        |

The age shown is the Payee's age last birthday when income payments begin.

## **General definitions**

"Beneficiary" is the person or persons You choose to receive the Insurance Benefits.

"Cash Value" is the value which accumulates in this policy. The Table of Guaranteed Values on page 3 shows Cash Value at policy year-end under the assumptions stated.

"Coverage Effective Date" is the effective date of the coverage and is typically the same date as the Policy Date. However, the Coverage Effective Date may be different for any riders and/or benefits added to this policy after the Policy Date.

"Date of Issue" is the date from which the suicide and incontestability periods are measured. This date is shown on Policy Data page 2(1).

"Final Expiry Date" means the policy anniversary date following the attainment of the Insured's age 95 and is the date the Insurance Benefits under this policy end and this policy is no longer In Force. See Policy Data page 2(2) for the Final Expiry Date of this policy.

"Home Office" refers to the contact information of Our Home Office. Our mailing address is 1 Horace Mann Plaza, Springfield, Illinois 62715. The Company web site and telephone number are: horacemann.com; 800-999-1030.

"In Force" means this policy has not terminated due to lapse, nonrenewal, surrender for Cash Value, the Insured's death, or the Final Expiry Date shown on Policy Data page 2(2).

"Insurance Amount" is the insurance coverage under this policy as stated on Your most recent Policy Data page 2(1).

"Insurance Benefits" is the amount We will pay when the Insured dies.

"Insured" is the person whose life is insured under this policy as shown on the Policy Data pages.

"Irrevocable Beneficiary" is a Beneficiary You indicate cannot be changed without such Beneficiary's written consent.

"Payee" is any individual entitled to receive income payments under any settlement option benefit.

"Policy Date" is the date this policy becomes effective. This is the date from which policy anniversaries, policy years and premium due dates are determined. This date is shown on Policy Data page 2(1).

"Renewable" or "Renew" means the right to continue this policy In Force after the Specified Period by paying premiums based on the Insured's attained age as shown on the Table of Guaranteed Annual Premiums page(s).

"Single Premium Whole Life insurance policy" is a whole life insurance policy that is purchased with a single premium payment and that provides coverage until death.

"Specified Period" is the period of time following the Policy Date, during which premiums will not increase. The Specified Period is shown on the Policy Data pages.

"We", "Our", "Us" and "Company" refer only to Horace Mann Life Insurance Company.

"Written Request" is a request in writing in a form satisfactory to Us and received at Our Home Office.

"You" and "Your" refers to the owner(s) of this policy.

## **Your plan of insurance**

Your plan of insurance provides level term life insurance on the life of the Insured to the policy anniversary date following the attainment of the Insured's age 95. While this policy is In Force, We will pay the Insurance Benefits when the Insured dies and We receive due proof of death of the Insured at Our Home Office. Annual premiums for this level term life insurance are guaranteed for all policy years as shown on the

Table of Guaranteed Annual Premiums page(s). This policy will develop Cash Value. For details, see the Table of Guaranteed Values, page 3.

While this policy is In Force, coverage under this policy may be converted to a permanent plan of insurance before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier. There is only one conversion available after the first 10 policy years. On the date of conversion, there will always be at least one permanent policy to which You may convert Your policy.

## **Who benefits from this policy?**

### **Owner**

The owner of this policy is the Insured unless otherwise stated in the application or later changed by Written Request. This policy belongs to You, the owner. Unless You provide otherwise, You may exercise all rights and options of this policy while the Insured is living, subject to the rights of any Irrevocable Beneficiary or assignee.

### **Beneficiary**

The Beneficiary will be the person(s) named as such in the application, unless later changed by Written Request. The Beneficiary is entitled to the Insurance Benefits of this policy unless prohibited by state law. If there is no valid Beneficiary designation or if no Beneficiary survives the Insured, the Insurance Benefits will be payable to the Insured's estate. Any reference to a Beneficiary living or surviving means the person must be living on the earlier of:

- the day We receive due proof of death of the Insured; or
- the 15th day after the Insured's death.

### **Changing the owner or Beneficiary**

While the Insured is living, You may change the owner of this policy subject to the rights of any

Irrevocable Beneficiary or assignee. You may also change Your Beneficiary at any time subject to the rights of any Irrevocable Beneficiary or assignee. The written consent of each Irrevocable Beneficiary or assignee will be required as part of the Written Request. You may contact Our Home Office for a change of ownership or Beneficiary change form.

Requested changes must be in a Written Request. If Your spouse's or ex-spouse's signature is required by law, their signature will also be required on the Written Request.

Upon receipt of Your Written Request at Our Home Office, the change will take effect on the date You signed the request, unless otherwise specified by You. Your request is subject to any payment We make or other action We take before receipt of the request.

### **Assignment**

An assignment is a transfer of all or some of the policy's rights and benefits to someone else. You may assign this policy. We will not be responsible for the validity of an assignment. The assignment must be received in a Written Request. The written consent of any Irrevocable Beneficiary will be required as part of the Written Request. If Your spouse's or ex-spouse's consent is required by law, their consent will also be required. Any assignment, unless otherwise specified by You, shall take effect on the date the notice of assignment is signed by You, subject to any payments made or action taken by Us prior to receipt of such notice at Our Home Office. When it is received, Your rights and those of any Beneficiary will be subject to the terms of the assignment. You may contact Our Home Office for an assignment form.

## **The Insurance Benefits We pay**

We will pay the Insurance Benefits in accordance with this policy's provisions upon receipt of due proof of death of the Insured. The Insurance Benefits, determined as of the date of death, will be the total of:

- the Insurance Amount currently in effect, or if applicable, the amount of reduced paid-up term life insurance;
- plus
- any part of the last premium paid that applies to a period beyond the policy month in which the Insured dies;
- minus
- the amount of any overdue premium if the Insured dies during the grace period.

We will pay interest on the Insurance Benefits to the extent required by applicable state law.

## **The premiums You pay**

### **Premiums You pay**

The first premium is due on the Policy Date. You must pay the remaining premiums on or in advance of each premium due date.

The Policy Date is the date from which premium due dates are determined. The premium due date is based on the premium payment option selected. The Policy Data pages show the Specified Period, guaranteed annual premiums and payment option selected.

Annual premiums for this policy are guaranteed for all policy years as shown on the Table of Guaranteed Annual Premiums page(s).

Premiums will not increase during the Specified Period. After the Specified Period, this policy will automatically Renew annually to the Final Expiry Date. You will not need to provide proof that the Insured is insurable when this policy Renews.

### **Frequency of Your payments**

You may ask to change the frequency of Your premium payments. Upon approval, We will tell You the amount of the premium required at the new frequency to maintain Your plan of insurance.

### **We allow a grace period**

We will allow a grace period of 31 days for paying each premium due after the first premium. The policy remains In Force during the

grace period. If the Insured dies during the grace period, We will pay the Insurance Benefits according to "The Insurance Benefits We pay" provision.

### **How Your policy may lapse**

If the premium due for Your insurance policy is not paid by the end of its grace period, Your policy will lapse. The term "lapse" means that this policy, including any riders, ends for nonpayment of premiums. The lapse date will be the premium due date. (See "What if Your policy lapses?" for details.)

## **The term conversion available**

While this policy is In Force, You may convert all or part of the Insurance Amount to a permanent policy issued by Us on the date of conversion as explained below. All conversions must be made before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier. There is only one conversion available after the first 10 policy years. There will always be at least one permanent policy available for conversion.

During the first 10 policy years, You may convert all or part of the Insurance Amount. Upon a partial conversion, this policy's Insurance Amount at the time of conversion is reduced by the amount converted. However, the remaining Insurance Amount cannot be less than \$25,000. We will send You new Policy Data, Table of Guaranteed Values, and Table of Guaranteed Annual Premiums page(s) when a partial conversion is made. If the entire Insurance Amount is converted, this policy ends when the new permanent policy becomes effective.

After the first 10 policy years, You may convert the entire Insurance Amount at the time of conversion or \$50,000, whichever is less. When the conversion is completed after the first 10 policy years, this policy ends when the new permanent policy becomes effective, even if You have converted less than the entire Insurance Amount at the time of conversion.

The date of conversion is the date We receive in Our Home Office both Your application for conversion and the first full premium for the new policy. The new policy will be effective on the date of conversion. However, if We receive Your application for conversion and the first full premium for the new policy during the grace period of an unpaid premium, the effective date of the new policy will be the due date of such unpaid premium.

We will reduce the Cash Value to an amount proportionate to the amount of term life insurance remaining In Force after the conversion. The difference between the Cash Value prior to conversion and the Cash Value after conversion may be paid to You or may be used toward payment of premium for the new permanent policy.

The new policy is subject to the minimum and maximum coverage amount available for that policy and will be issued as follows:

- without You providing proof that the Insured is insurable;
- for a whole life insurance amount subject to the maximums and conditions stated above;
- for the same premium class as assigned to this policy;
- for the Insured's sex, attained age last birthday, and at premium rates in effect on the date We approve the conversion;
- with an incontestable period determined from the Date of Issue of this policy or the reinstatement date, whichever is later; and
- with a suicide period determined from the Date of Issue of this policy.

A waiver of premium benefit rider may be included in the new policy without providing proof that the Insured is insurable if on the new policy date:

- the Insured's age is 55 or less;
- the waiver of premium benefit rider is in effect for this policy;
- the premiums for this policy are not being waived as a result of the Insured's total disability as defined in the waiver of

premium benefit rider in effect for this policy; and

- the Insured's disability, if any, does not eventually qualify as total disability as defined in the waiver of premium benefit rider in effect for this policy.

### **This policy may be changed**

You may make a Written Request to reduce the Insurance Amount of this policy as long as Your coverage is not being continued as reduced paid-up term life insurance. Additionally, the remaining Insurance Amount cannot be less than \$25,000. We must approve this change. We will send You new Policy Data, Table of Guaranteed Values, and Table of Guaranteed Annual Premiums page(s) when the change is made.

If We approve the change and the request is made during the Specified Period, We will use the Insured's sex and age shown on the initial Policy Data page 2(1) to determine the new guaranteed premium for the reduced Insurance Amount. Such request will not change the length of time remaining in the Specified Period. The new premium will not increase during the Specified Period. The new annual premium and annual premiums for subsequent years will be shown on the new Table of Guaranteed Annual Premiums page(s).

If We approve the change and the request is made after the Specified Period, We will use the Insured's sex and age as of the last policy anniversary date to determine the new guaranteed premium for the reduced Insurance Amount. The new annual premium and annual premiums for subsequent years will be shown on the new Table of Guaranteed Annual Premiums page(s).

Such change will be effective on the same day of the month in which We receive the request as the day of the month of the Policy Date; provided that if premiums on this policy have been paid to provide coverage to a later date,

the effective date of the change will be that later date.

We will reduce the Cash Value to an amount proportionate to the amount of term life insurance remaining In Force after the reduction. The difference between the Cash Value prior to reduction and the Cash Value after reduction may be paid to You or may be applied as a credit toward the payment of premium for the reduced Insurance Amount.

## **The Cash Value of this policy**

### **Your policy develops Cash Value**

We guarantee the Cash Value as shown in the most recent Table of Guaranteed Values page, under the assumptions stated on that page. The Cash Value may be used to continue the policy In Force as reduced paid-up term life insurance until the Final Expiry Date. While the Insured is living, You may surrender this policy for its Cash Value or surrender this policy and use the Cash Value to purchase a Single Premium Whole Life insurance policy if certain conditions are met. (See "You may purchase Single Premium Whole Life insurance" for details.)

### **The basis We used for computation**

All guaranteed values meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy is delivered. We have given the insurance officials in the state in which this policy is delivered a detailed statement of how We computed the values and benefits.

### **You may give up Your policy**

If there is a Cash Value, You may withdraw it and give up Your policy. In this case, all benefits under the policy will end. If You surrender Your policy for its Cash Value within 30 days after a policy anniversary date, the Cash Value will not be less than the Cash Value at the policy anniversary date. If You surrender Your policy at

any time other than a policy anniversary date, the Cash Value shall be calculated with allowance for lapse of time and the payment of fractional premiums beyond the last preceding policy anniversary date. At any time, the Cash Value will meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy is delivered.

### **You may purchase Single Premium Whole Life insurance**

On or before the policy anniversary date following the Insured's age 80, You may surrender Your policy and use the Cash Value to purchase a Single Premium Whole Life insurance policy if:

- the date of surrender is no later than the policy anniversary date following the Insured's age 80;
- the Cash Value on the date of surrender meets Our minimum single premium requirements for issuing a Single Premium Whole Life insurance policy;
- the premium class for this policy as shown in the Policy Data page(s) meets Our minimum requirements for issuing a Single Premium Whole Life Insurance policy; and
- the face amount of the Single Premium Whole Life insurance policy does not exceed that which the Cash Value of this policy on the date of surrender would purchase.

When Your purchase of the new Single Premium Whole Life insurance policy is completed, this policy ends when the new policy becomes effective.

If all of the above conditions have been met, the Single Premium Whole Life insurance policy will be issued as follows:

- without You providing proof that the Insured is insurable;
- for the same premium class as assigned to this policy;

- for the Insured's sex, attained age last birthday, and at premium rates in effect on the date of purchase;
- with an incontestable period determined from the Date of Issue of this policy or the reinstatement date, whichever is later;
- with a suicide period determined from the Date of Issue of this policy; and
- with an effective date equal to the date of termination of this policy.

### **What if Your policy lapses?**

If the premium due for Your insurance policy is not paid by the end of its grace period, Your policy will lapse. The term "lapse" means that benefits under this policy, including any riders, end for nonpayment of premiums, except as provided in the provisions below. The lapse date will be the premium due date.

After Your policy has lapsed, You may:

- apply for reinstatement of the lapsed policy; or
- continue the lapsed policy as reduced paid-up term life insurance until the Final Expiry Date if Your policy has Cash Value; or
- surrender the policy for its Cash Value; or
- surrender the policy and use the Cash Value to purchase a Single Premium Whole Life insurance policy if certain conditions are met. (See "You may purchase Single Premium Whole Life insurance" for details.)

### **You may reinstate Your policy**

You may reinstate Your lapsed policy if:

- the policy has not been surrendered for its Cash Value;
- the policy has not been surrendered and the Cash Value used to purchase a Single Premium Whole Life insurance policy;
- We receive Your Written Request within five years of the due date of the premium in default;

- You show Us the Insured is still insurable according to Our written guidelines; and
- You pay all overdue premiums (with interest at 5 percent per year compounded annually).

The policy will be reinstated as of the date it lapsed.

### **You may continue insurance**

If Your policy lapses with Cash Value and You do not surrender it for its Cash Value or surrender it and use the Cash Value to purchase a Single Premium Whole Life insurance policy, You may continue Your insurance as reduced paid-up term life insurance until the Final Expiry Date. The Cash Value of the policy may be used as a net single premium to purchase such insurance. The net single premium will be equal to the present value of the death benefit.

Reduced paid-up term life insurance will provide paid-up term life insurance on the life of the Insured to the Final Expiry Date. The amount of term life insurance depends on the Insured's attained age and the Cash Value as of the lapse date. The reduced paid-up term life insurance has Cash Value. Information on the available Cash Value will be furnished upon request.

If within 62 days of the date of lapse You do not elect to reinstate Your policy, surrender it for its Cash Value, or surrender it and use the Cash Value to purchase a Single Premium Whole Life insurance policy, this policy will be continued as reduced paid-up term life insurance.

Additionally, if the Insured dies after the grace period but within 62 days of the date of lapse and You have not reinstated Your policy, surrendered it for its Cash Value, or surrendered it and used the Cash Value to purchase a Single Premium Whole Life insurance policy, the amount of insurance payable upon the death of the Insured will be based on the reduced paid-up term life insurance as described above.

### **If Your coverage is continued**

If Your coverage is continued under reduced paid-up term life insurance and the Insured dies

prior to the Final Expiry Date, We will pay the Insurance Benefits according to “The Insurance Benefits We pay” provision.

Your rights under “Changing the owner or Beneficiary” and “Assignment” provisions will continue.

As long as Your policy has a Cash Value, You may surrender it for the Cash Value as described in the “You may give up Your policy” provision; or You may surrender it and use the Cash Value to purchase a Single Premium Whole Life insurance policy if certain conditions are met. (See “You may purchase Single Premium Whole Life insurance” for details.)

## **How benefits are paid**

While the Insured is living, You may:

- elect to surrender the policy for its Cash Value and have all or part of the Cash Value paid in a lump sum or applied to one or more of the settlement options explained below;
- elect how the Insurance Benefits will be paid upon the Insured's death. You may have all or part of the Insurance Benefits paid in a lump sum or applied to one or more of the settlement options explained below.

If You have made a previous election on how the Insurance Benefits will be paid, You may or may not allow the Beneficiary the right to change the prior election.

If You have not made a previous election, the Beneficiary has the right to elect that all or part of the Insurance Benefits be paid in a lump sum or applied to one or more of the settlement options explained below.

All elections must be made by a Written Request. The election or change will take effect as of the date the Written Request is signed, subject to any payments made or other action taken by Us before receipt of the Written Request. We will issue a supplemental contract

for the settlement option chosen, as of the date of settlement.

Any payment of Insurance Benefits or Cash Value involving more than one of the options must have Our approval. Also, details of all settlement options will be subject to Our rules at the time a supplemental contract takes effect. These include rules on the minimum amount We will apply under an option and minimum amount for income payments; withdrawal or surrender rights; naming Payees and successor Payees; and proving age and survival.

Any income payments made under a settlement option will not be less than those that would be provided by the application of the Cash Value to purchase a single premium immediate annuity contract at purchase rates offered by the Company at the time to the same class of annuitants.

Amounts applied under the options will not be subject to the claims of creditors or to legal process except to the extent permitted by law.

The settlement options are:

### **Option A. Life income with payments guaranteed for Life only, 10, 15, or 20 years**

We will pay income payments based on the number of guaranteed payments selected and the Payee's sex and age last birthday. Income payments for this option will continue as long as the Payee lives, or until all guaranteed payments have been made, whichever is later. Guaranteed income payments cannot extend beyond the life expectancy of the Payee, as defined by the Internal Revenue Code.

If the Payee dies before all guaranteed income payments have been made, the remaining income payments will be paid to the Payee's beneficiary as scheduled. The monthly income payments purchased per \$1,000 of Insurance Benefits or Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

**Option B. Income payments for a fixed period**

We will pay income payments for a fixed period of time as elected. The fixed period can be as short as ten years or as long as 30 years. Income payments cannot extend beyond the life expectancy of the Payee, as defined by the Internal Revenue Code. If the Payee dies before all income payments have been made, the remaining income payments will be paid to the Payee's beneficiary as scheduled. The monthly income payments purchased per \$1,000 of Insurance Benefits or Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

**Option C. Joint and Survivor**

We will pay income payments based upon the specific survivor option selected, and the age and sex of the two Payees.

The available survivor options are to pay during the lifetime of the survivor: (1) 50 percent; (2) two-thirds; or (3) 100 percent of the income payments paid while both Payees were living.

Upon the death of one Payee, the selected survivor percentage will be applied to determine the amount of the remaining payments during the lifetime of the survivor. Upon the death of the survivor, income payments cease.

The monthly income payments purchased per \$1,000 of Insurance Benefits or Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

**Other options**

We will apply the Insurance Benefits or Cash Value under any other option requested that is available. Any other option offered will be based on the interest and mortality described below in the "Basis of settlement option tables" provision.

**Basis of settlement option tables**

The Settlement Option Tables show the dollar amount of monthly income payments for each

\$1,000 of Insurance Benefits or Cash Value. Income payments may also be available in quarterly, semi-annual, and annual installments. The tables use the Payee's age last birthday at the time the first income payment is due.

The amount of each income payment will never be less than that shown in the Settlement Option Tables. The guaranteed interest rate used for all settlement options is 1 percent per year. Where mortality assumptions are involved, the guaranteed factors are based on the Annuity 2000 Mortality Table. The income payments under these options may be increased as determined by Us on an equitable basis to this class of policies.

**Other important information****Your contract with Us**

We will provide the insurance described in this contract in consideration of payment of the required premiums. This policy, the attached copy of the application, and any attached endorsements and riders make up the entire contract.

For any changes made in the future, You will be responsible for attaching the application, endorsements, riders, Policy Data pages, Table of Guaranteed Values page(s), and/or Table of Guaranteed Annual Premiums page(s). If You fail to attach the pages, they will be deemed to be attached as of the date the change is effective.

Only Our president, a vice president, or the corporate secretary can modify this contract or waive any of Our rights or requirements under it. No agent may do this. Any change or waiver We make will be made in writing to You.

**When the policy is incontestable**

We have the right to contest the validity of this policy based on material misstatements made in the application for this policy. However, in the absence of fraud, We will not contest the validity of this policy after it has been in effect during the lifetime of the Insured for two years from the

Date of Issue shown on Policy Data page 2(1) except for nonpayment of premiums. In the absence of fraud, We will not contest any information on a reinstatement of coverage application after the reinstatement has been in effect for two years during the Insured's lifetime.

No statement shall be used to contest a claim unless contained in a written application or an amendment to the application which is attached to this policy. All statements made in the application, in the absence of fraud, are representations and not warranties.

See additional benefit riders, if any, for modifications of this provision that may apply to them.

**If age or sex has been misstated**

If the Insured's age or sex is misstated, We will adjust any amount payable or benefit accruing under the policy to the amount the premium would have purchased at the correct age and sex. If income payments made under a settlement option were too large because of a misstatement, We will deduct the difference with interest from the payments falling due until totally repaid. If necessary, We reserve the right to demand reimbursement for such overpayment. If such payments were too small, We will add the difference with interest to the next payment due. The interest in both instances described above will be at the rate of 5 percent per year.

**Conformity with state law**

This contract is subject to the laws of the state in which it was delivered. If any part of this contract does not comply with the law, it will be interpreted by Us as if it did.

**How the suicide exclusion affects benefits**

If the Insured commits suicide, while sane or insane, within two years from the Date of Issue, We will limit Our payment to the premiums paid.

**We may defer payment**

We may defer payment of any Cash Value for up to six months after We receive Your request.

**How We measure policy anniversaries**

We measure policy years and policy anniversaries from the Policy Date. Each policy year begins on the same day and month as the Policy Date.

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**Level Term Life Insurance to Age 95,  
Annually Renewable Following the Specified Period,  
Guaranteed Cost**

IC-351000

**Horace Mann Life Insurance Company**

[A Stock Company  
1 Horace Mann Plaza  
Springfield, Illinois 62715-0001  
800-999-1030]

**Application for individual life insurance**

- Individual (or)  Joint (first to die)
- New business  Trial application
- Restructure of policy # \_\_\_\_\_
- Exchange of policy # \_\_\_\_\_  Rider
- Conversion of policy # \_\_\_\_\_  Rider
- Rating review of policy # \_\_\_\_\_
- Internal replacement of policy # \_\_\_\_\_

**Proposed Insured 1 Name (Last, First, Middle Initial)**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Birth date (MM/DD/YYYY) \_\_\_\_\_

Gender  Male  Female

**Proposed Insured 2 Name (Last, First, Middle Initial)**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Birth date (MM/DD/YYYY) \_\_\_\_\_

Gender  Male  Female

**Coverage selection**

**[1. Nonparticipating life insurance rate applied for**

- Nontobacco  Tobacco usage  Save age

**2. Product information (Please complete the financial questionnaire for face amounts over \$1,000,000.)**

**Life by Design (Guaranteed premium)**

**Whole Life to Age 120** **Face amount**

- Premiums payable to age 120 \$ \_\_\_\_\_
- Single Premium \$ \_\_\_\_\_

**Level Term to Age 95**

- 10-Year Specified Period \$ \_\_\_\_\_
- 20-Year Specified Period \$ \_\_\_\_\_
- 30-Year Specified Period \$ \_\_\_\_\_
- To Age 65 Specified Period \$ \_\_\_\_\_
- 20-Year Cash Value Term \$ \_\_\_\_\_
- 30-Year Cash Value Term \$ \_\_\_\_\_

**Life Select (Guaranteed premium)**

**Whole Life to Age 120** **Face amount**

- Premiums payable to age 120 \$ \_\_\_\_\_
- Premiums payable for 20 years \$ \_\_\_\_\_
- Premiums payable to age 65 \$ \_\_\_\_\_

**Primary Insured Level Term to Age 95 Riders**

- 20-Year Specified Period \$ \_\_\_\_\_
- 30-Year Specified Period \$ \_\_\_\_\_
- To Age 65 Specified Period \$ \_\_\_\_\_

**Additional Insured Level Term to Age 95 Riders**

Rate applied for:

- Nontobacco  Tobacco usage  Save age
- 20-Year Specified Period \$ \_\_\_\_\_
- 30-Year Specified Period \$ \_\_\_\_\_
- To Age 65 Specified Period \$ \_\_\_\_\_

**Experience Life (Flexible Premium – Adjustable/Combination Life with Indeterminate Premiums)**

No longer sold – existing policy restructure only

**Face amount**

- Whole Life to Age 100 \$ \_\_\_\_\_
- Level Term to Age 100 \$ \_\_\_\_\_
- Decreasing Term to Age 100 \$ \_\_\_\_\_
- Paid-up Whole Life to Age 100 \$ \_\_\_\_\_
- Lump sum premium  Prescheduled premium
- Premium amount \$ \_\_\_\_\_

**Face amount**

- Named Insured Rider \$ \_\_\_\_\_
- Level Term (or)  Decreasing Term
- Name \_\_\_\_\_
- Additional Insured Rider \$ \_\_\_\_\_
- Level Term (or)  Decreasing Term
- Smoker (or)  Non-smoker

**3. Riders and benefits (Please note, not all riders and benefits are available for all products.)**

**Face amount**

- Waiver of Premium
- Waiver of Premium in the Event of the Payor's Death or Total Disability

**Face amount**

- Accidental Death Benefit \$ \_\_\_\_\_
- Children's Term Insurance \$ \_\_\_\_\_
- (Complete Children's Term Insurance Supplement)
- Guaranteed Insurability Benefit \$ \_\_\_\_\_ ]

## Proposed Insured 1 personal information

Name (Last, First, Middle Initial)

Last | First | MI

Address (Include mailing and street address)

City | ST | ZIP

Telephone # \_\_\_\_\_

Best time to call \_\_\_\_\_

E-mail address \_\_\_\_\_

Gender  Male  Female

Birth date (MM/DD/YYYY) \_\_\_\_\_

Country of birth \_\_\_\_\_

State of birth \_\_\_\_\_

Are you a citizen of the US?  Yes  No

If no, what country? \_\_\_\_\_

Marital Status  Married  Single  
 Separated  Divorced

Social Security # \_\_\_\_\_

Driver's license # \_\_\_\_\_ State \_\_\_\_\_

## Employment information

Is Proposed Insured 1 self-employed?  Yes  No

Occupation \_\_\_\_\_ Code \_\_\_\_\_

Description of duties \_\_\_\_\_

Length of employment \_\_\_\_\_

Employer name \_\_\_\_\_

School building, if applicable \_\_\_\_\_

Address

City | ST | ZIP

Work telephone # \_\_\_\_\_

Employer E-mail address \_\_\_\_\_

## Income

1. Annual earned income \_\_\_\_\_

2. Annual unearned income \_\_\_\_\_

3. Total household income \_\_\_\_\_

4. Approximate personal net worth \_\_\_\_\_

5. Have you ever filed for bankruptcy?  Yes  No

6. Have you ever had any monetary judgments entered against you, or had any repossession, foreclosures, collections, bad debts, lawsuits, tax liens or legal actions?  Yes  No

**Beneficiary information** (subject to change by Proposed Owner) All insurance benefits will be paid to the person(s) named as primary beneficiary(ies). If no primary beneficiary(ies) survives, the insurance benefits will be paid to those named as contingent beneficiary(ies).

1.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last | First | MI

Address

City | ST | ZIP

Business name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Social Security #/TIN # \_\_\_\_\_

Benefit Percentage \_\_\_\_\_

2.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last | First | MI

Address

City | ST | ZIP

Business name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Social Security #/TIN # \_\_\_\_\_

Benefit Percentage \_\_\_\_\_

3.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last | First | MI

Address

City | ST | ZIP

Business name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Social Security #/TIN # \_\_\_\_\_

Benefit Percentage \_\_\_\_\_

4.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name  

|      |       |    |
|------|-------|----|
| Last | First | MI |
|------|-------|----|

 Address  

|      |    |     |
|------|----|-----|
| City | ST | ZIP |
|------|----|-----|

 Business name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Birth date/Trust date \_\_\_\_\_  
 Social Security #/TIN # \_\_\_\_\_  
 Benefit Percentage \_\_\_\_\_

5.  Primary **(or)**  Contingent  
 Check here if this beneficiary is irrevocable.

Benefit Percentage \_\_\_\_\_  
 Surviving children born of the marriage of and/or legally adopted by Proposed Insured 1 and spouse of Proposed Insured 1, \_\_\_\_\_, equally.

|      |       |    |
|------|-------|----|
| Last | First | MI |

**Proposed Owner(s)** (Unless otherwise specified below, the owner is Proposed Insured 1 for an individual policy or Proposed Insureds 1 and 2 for a joint policy. If someone other than the Proposed Insured(s) is/are to be the owner, name the Proposed Owner(s) below.)

- If Trust, name of Trust \_\_\_\_\_

1. Name/Trustee name  

|      |       |    |
|------|-------|----|
| Last | First | MI |
|------|-------|----|

 Address  

|      |    |     |
|------|----|-----|
| City | ST | ZIP |
|------|----|-----|

 Business name \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Birth date/Trust date \_\_\_\_\_  
 Marital Status  Married  Single  
 Separated  Divorced  
 Social Security #/TIN# \_\_\_\_\_  
 Citizenship \_\_\_\_\_

2. Name/Trustee name  

|      |       |    |
|------|-------|----|
| Last | First | MI |
|------|-------|----|

 Address  

|      |    |     |
|------|----|-----|
| City | ST | ZIP |
|------|----|-----|

 Business name \_\_\_\_\_

Telephone # \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Birth date/Trust date \_\_\_\_\_  
 Marital Status  Married  Single  
 Separated  Divorced  
 Social Security #/TIN # \_\_\_\_\_  
 Citizenship \_\_\_\_\_

**Payor** (If someone other than the Proposed Owner(s) is primarily responsible for making the premium payments, name the payor below.)

Name  

|      |       |    |
|------|-------|----|
| Last | First | MI |
|------|-------|----|

 Address  

|      |    |     |
|------|----|-----|
| City | ST | ZIP |
|------|----|-----|

 Business name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Birth date (MM/DD/YYYY) \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 Best time to call \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**Payment information**

**[Single Premium**

- Single Premium \$ \_\_\_\_\_  
 Check **(or)**  Payment on delivery

**Initial Premium**

- Check  
 E-Pay (ACH, Credit, Debit)  
 (Complete the appropriate form.)  
 List Bill  
 Payment on delivery

**Recurring Premium**

- EFT/Easy Pay (Complete the appropriate form.)  
 Direct Bill (choose one)  
 Annually  Semiannually  Quarterly  
 List Bill  
 Group # \_\_\_\_\_  
 Mode \_\_\_\_\_

Is an employer paying any part of the premium for this insurance?  Yes  No

Employer name \_\_\_\_\_  
 Address \_\_\_\_\_

- Automatic premium loan?  Yes  No

**Insurance in force for Proposed Insured 1**

1. Does Proposed Insured 1 have personal and/or business life insurance? (If Yes, give total amounts. Total amount should not include Group coverage.)  Yes  No  
 Total life insurance \$\_\_\_\_\_ Total accidental death insurance \$\_\_\_\_\_

2. Please include any life insurance coverage or annuities with this or any other company when responding to the questions below. If any of questions a., b., or c. below is answered Yes, please identify question number and provide specifics in d.
- a. Does Proposed Insured 1 have any existing insurance policies or annuity contracts in force?  Yes  No
- b. Does Proposed Insured 1 have any pending (within the last six months) insurance policies or annuity contracts?  Yes  No
- c. Will the insurance being applied for discontinue, reduce, change, or replace any existing insurance policy or annuity contract?  Yes  No
- d. Explanation for any question answered Yes in a., b., or c. above.

| Quest. # | Company name | Policy/contract # or pending | Business (B) or Personal (P)? Life (L) or Annuity (A)?   | Issue Year | Amount | Replacing?  |
|----------|--------------|------------------------------|--|------------|--------|---|
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |

3. Has Proposed Insured 1 had coverage declined, postponed or modified, or has Proposed Insured 1 been denied reinstatement of coverage or been offered coverage other than as applied for?  Yes  No  
 If Yes, please explain. \_\_\_\_\_

4. Has the agent/producer taking this application recommended the full or partial liquidation of a securities product to be used to fund this policy? If Yes, registered representatives must complete and submit Horace Mann Investors, Inc. Transfer/Exchange/Rollover/Switch Form.  Yes  No

**Health history for Proposed Insured 1**

Height\_\_\_\_\_ft. \_\_\_\_\_in. Weight\_\_\_\_\_lbs.

Have you lost weight in the last 12 months?  Yes  No

If Yes, give amount lost and reasons why: \_\_\_\_\_

**Tobacco usage**

In the last 36 months, have you used cigarettes, cigars, pipes, chewing tobacco, e-cigarettes, nicotine substitutes or any other form of tobacco?  Yes  No

If Yes, provide type of tobacco and date (mo/yr) last used. \_\_\_\_\_

**A. Medical information (If any answer is Yes, please provide Details in Section D below.)**

1. Please provide the name and address of your personal or attending physician(s) seen in the last 5 years.

|  | Physician #1 | Physician #2 |
|--|--------------|--------------|
| Physician name and address             |              |              |
| Physician telephone #                  |              |              |
| Date and reason last seen              |              |              |
| Tests performed/<br>Treatment received |              |              |

**A. Medical information (continued) (If any answer is Yes, please provide Details in Section D below.)**

2. List all medications and dosages you are currently taking or have taken in the last 30 days, including prescriptions, over the counter drugs, and herbal supplements. \_\_\_\_\_

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3. Have you ever been medically treated for or had any known indication of:
  - a. Seizures, epilepsy, paralysis, dizziness, fainting, recurrent headaches, stroke, or any other disease or disorder of the brain or nervous system?  Yes  No
  - b. Depression, anxiety, chronic fatigue, ADHD, stress, or any other mental or nervous disorder?  Yes  No
  - c. Asthma, bronchitis, allergies, emphysema, sleep apnea, shortness of breath, sarcoidosis, chronic obstructive pulmonary disease (COPD), tuberculosis, or any other disease or disorder of the respiratory system?  Yes  No
  - d. Hepatitis, cirrhosis, anemia, or any other disease or disorder of the liver or blood?  Yes  No
  - e. Ulcer, colitis, ulcerative colitis, Crohn's disease, diverticulitis, internal bleeding, or any other disease or disorder of the gallbladder, pancreas, stomach, or intestines?  Yes  No
  - f. High blood pressure, chest pain, heart attack, heart murmur, palpitations, or any other disease or disorder of the heart, blood vessels, or circulatory system?  Yes  No
  - g. Any tumor, cancer, cysts, melanoma, lymphoma, or any other disease or disorder of the skin or lymph glands?  Yes  No
  - h. Diabetes, elevated blood sugar, thyroid, or any other endocrine or glandular disorder?  Yes  No
  - i. Arthritis, gout, fibromyalgia, or any other disorder of the back, neck, spine, muscles, nerves, bones, or joints?  Yes  No
  - j. Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the kidneys or bladder?  Yes  No
  - k. Any complications of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, or any sexually transmitted disease?  Yes  No
  - l. Disorder of the eyes, ears, nose, or throat, loss of limb, congenital deformity, or amputation?  Yes  No
  - m. Any mental or physical disorder or medically or surgically treated condition not listed above?  Yes  No
4. Have you, in the last 12 months, received disability benefits of any kind or been disabled for more than 30 days?  Yes  No
5. Are you currently receiving treatment of any kind or have you been scheduled or been advised to see a licensed medical professional, or scheduled or been advised to have a check up, any diagnostic tests (e.g., x-ray, EKG, blood test), hospitalization, surgery or medical tests?  Yes  No
6. In the last 5 years, have you been diagnosed by or received treatment from a licensed medical professional for Acquired Immune Deficiency Syndrome (AIDS) or human immunodeficiency virus infection (HIV)?  Yes  No
7. Have you ever been treated for drug or alcohol abuse or been advised by a licensed medical professional to limit your use of alcohol or any medication, prescribed or not? If Yes, please complete the alcohol and drug questionnaire.  Yes  No
8. Within the last 10 years, have you used or experimented with cocaine, marijuana, heroin, amphetamines, barbiturates, narcotics, or other stimulants or depressants? If Yes, please complete the alcohol and drug questionnaire.  Yes  No

**B. General risk information (If any answer is Yes, please provide Details in Section D below.)**

1. In the last 5 years, have you been convicted of (a) 2 or more moving violations or (b) driving under the influence of alcohol or other drugs, or have you had your driver's license suspended, restricted or revoked? If Yes, please indicate type and dates in Details below.  Yes  No
2. Have you ever made any flights or do you plan to fly in the next 24 months as a pilot, crew member or student pilot? If Yes, please complete the aviation questionnaire.  Yes  No
3. In the last 5 years, have you engaged in or do you plan to engage in any motor vehicle or boat racing, scuba diving, parachuting or sky diving, hang gliding, ballooning, or mountain, rock, or technical climbing; or any other similar sport? If Yes, please complete the avocation questionnaire.  Yes  No
4. Are you a member of, or do you intend to join, the armed forces, reserves, or National Guard? If Yes, please complete the military questionnaire.  Yes  No
5. Do you now or do you plan to reside or travel outside the United States or Canada within the next year? If Yes, please complete the foreign travel/residence questionnaire.  Yes  No
6. Have you been charged with or convicted of, or are you currently awaiting trial for, a felony or misdemeanor? If Yes, please indicate what type, date and city/county/state of felony or misdemeanor and if you are currently on probation or parole in Details below.  Yes  No

**C. Family history (If additional space is required, attach the appropriate supplement to application.)**

| Family History  | Age if living & health status | Age at death & cause |
|---|-------------------------------|----------------------|
| Father  |                               |                      |
| Mother  |                               |                      |
| Siblings  |                               |                      |
|   |                               |                      |
|   |                               |                      |
| <b>If a Proposed Insured 1 is a juvenile, provide the amount of life insurance in force on the parents.</b> |                               |                      |
| Mother  | \$                            | Father               |
|   |                               | \$                   |

**D. Details**

For each "Yes" answer identify by section and question # and give full explanation, including: diagnoses, dates, duration, treatment and medications and name, address, telephone # of all attending physicians and medical facilities.

| Section and Question # | Explanation |
|------------------------|-------------|
|                        |             |

## Proposed Insured 2 personal information

Name (Last, First, Middle Initial)

Last | First | MI

Address (Include mailing and street address)

\_\_\_\_\_

City | ST | ZIP

Telephone # \_\_\_\_\_

Best time to call \_\_\_\_\_

E-mail address \_\_\_\_\_

Gender  Male  Female

Birth date (MM/DD/YYYY) \_\_\_\_\_

Country of birth \_\_\_\_\_

State of birth \_\_\_\_\_

Are you a citizen of the US?  Yes  No

If no, what country? \_\_\_\_\_

Marital Status  Married  Single  
 Separated  Divorced

Social Security # \_\_\_\_\_

Driver's license # \_\_\_\_\_ State \_\_\_\_\_

## Employment information

Is Proposed Insured 2 self-employed?  Yes  No

Occupation \_\_\_\_\_ Code \_\_\_\_\_

Description of duties \_\_\_\_\_

Length of employment \_\_\_\_\_

Employer name \_\_\_\_\_

School building, if applicable \_\_\_\_\_

Address \_\_\_\_\_

City | ST | ZIP

Work telephone # \_\_\_\_\_

Employer E-mail address \_\_\_\_\_

## Income

1. Annual earned income \_\_\_\_\_

2. Annual unearned income \_\_\_\_\_

3. Total household income \_\_\_\_\_

4. Approximate personal net worth \_\_\_\_\_

5. Have you ever filed for bankruptcy?  Yes  No

6. Have you ever had any monetary judgments entered against you, or had any repossession, foreclosures, collections, bad debts, lawsuits, tax liens or legal actions?  Yes  No

**Beneficiary information** (subject to change by Proposed Owner) All insurance benefits will be paid to the person(s) named as primary beneficiary(ies). If no primary beneficiary(ies) survives, the insurance benefits will be paid to those named as contingent beneficiary(ies).

1.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last | First | MI

Address

City | ST | ZIP

Business name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Social Security #/TIN # \_\_\_\_\_

Benefit Percentage \_\_\_\_\_

2.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last | First | MI

Address

City | ST | ZIP

Business name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Social Security #/TIN # \_\_\_\_\_

Benefit Percentage \_\_\_\_\_

3.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last | First | MI

Address

City | ST | ZIP

Business name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Social Security #/TIN # \_\_\_\_\_

Benefit Percentage \_\_\_\_\_

**Beneficiary information (continued)**

4.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name  

|         |       |     |
|---------|-------|-----|
| Last    | First | MI  |
| Address |       |     |
| City    | ST    | ZIP |

 Business name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Birth date/Trust date \_\_\_\_\_  
 Social Security #/TIN # \_\_\_\_\_  
 Benefit Percentage \_\_\_\_\_

5.  Primary **(or)**  Contingent  
 Check here if this beneficiary is irrevocable.  
 Benefit Percentage \_\_\_\_\_  
 Surviving children born of the marriage of and/or legally adopted by Proposed Insured 2 and spouse of Proposed Insured 2, \_\_\_\_\_, equally.

|      |       |    |
|------|-------|----|
| Last | First | MI |

**Insurance in force for Proposed Insured 2**

1. Does Proposed Insured 2 have personal and/or business life insurance? (If Yes, give total amounts. Total amount should not include Group coverage.)  Yes  No  
 Total life insurance \$ \_\_\_\_\_ Total accidental death insurance \$ \_\_\_\_\_
2. Please include any life insurance coverage or annuities with this or any other company when responding to the questions below. If any of questions a., b., or c. below are answered Yes, please identify question number and provide specifics in d.
- a. Does Proposed Insured 2 have any existing insurance policies or annuity contracts in force?  Yes  No
- b. Does Proposed Insured 2 have any pending (within the last six months) insurance policies or annuity contracts?  Yes  No
- c. Will the insurance being applied for discontinue, reduce, change, or replace any existing insurance policy or annuity contract?  Yes  No
- d. Details for any question answered Yes in a., b., or c. above.

| Quest. # | Company name | Policy/contract # or pending | Business (B) or Personal (P)? Life (L) or Annuity (A)?   | Issue Year | Amount | Replacing?  |
|----------|--------------|------------------------------|--|------------|--------|---|
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |

3. Has Proposed Insured 2 had coverage declined, postponed or modified, or has Proposed Insured 2 been denied reinstatement of coverage or been offered coverage other than as applied for?  Yes  No  
 If Yes, please explain. \_\_\_\_\_
- 
4. Has the agent/producer taking this application recommended the full or partial liquidation of a securities product to be used to fund this policy? If Yes, registered representatives must complete and submit Horace Mann Investors, Inc. Transfer/Exchange/Rollover/Switch Form.  Yes  No

**Health history for Proposed Insured 2**

Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs.

Have you lost weight in the last 12 months?  Yes  No

If Yes, give amount lost and reasons why:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Tobacco usage**

In the last 36 months, have you used cigarettes, cigars, pipes, chewing tobacco, e-cigarettes, nicotine substitutes or any other form of tobacco?  Yes  No

If Yes, provide type of tobacco and date (mo/yr) last used.  
 \_\_\_\_\_  
 \_\_\_\_\_

**A. Medical information (If any answer is Yes, please provide Details in Section D below.)**

1. Please provide the name and address of your personal or attending physician(s) seen in the last 5 years.

|  | Physician #1 | Physician #2 |
|--|--------------|--------------|
| Physician name and address             |              |              |
| Physician telephone #                  |              |              |
| Date and reason last seen              |              |              |
| Tests performed/<br>Treatment received |              |              |

2. List all medications and dosages you are currently taking or have taken in the last 30 days, including prescriptions, over the counter drugs, and herbal supplements. \_\_\_\_\_

3. Have you ever been medically treated for or had any known indication of:

- a. Seizures, epilepsy, paralysis, dizziness, fainting, recurrent headaches, stroke, or any other disease or disorder of the brain or nervous system?  Yes  No
  - b. Depression, anxiety, chronic fatigue, ADHD, stress, or any other mental or nervous disorder?  Yes  No
  - c. Asthma, bronchitis, allergies, emphysema, sleep apnea, shortness of breath, sarcoidosis, chronic obstructive pulmonary disease (COPD), tuberculosis, or any other disease or disorder of the respiratory system?  Yes  No
  - d. Hepatitis, cirrhosis, anemia, or any other disease or disorder of the liver or blood?  Yes  No
  - e. Ulcer, colitis, ulcerative colitis, Crohn's disease, diverticulitis, internal bleeding, or any other disease or disorder of the gallbladder, pancreas, stomach, or intestines?  Yes  No
  - f. High blood pressure, chest pain, heart attack, heart murmur, palpitations, or any other disease or disorder of the heart, blood vessels, or circulatory system?  Yes  No
  - g. Any tumor, cancer, cysts, melanoma, lymphoma, or any other disease or disorder of the skin or lymph glands?  Yes  No
  - h. Diabetes, elevated blood sugar, thyroid, or any other endocrine or glandular disorder?  Yes  No
  - i. Arthritis, gout, fibromyalgia, or any other disorder of the back, neck, spine, muscles, nerves, bones, or joints?  Yes  No
  - j. Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the kidneys or bladder?  Yes  No
  - k. Any complications of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, or any sexually transmitted disease?  Yes  No
  - l. Disorder of the eyes, ears, nose, or throat, loss of limb, congenital deformity, or amputation?  Yes  No
  - m. Any mental or physical disorder or medically or surgically treated condition not listed above?  Yes  No
4. Have you, in the last 12 months, received disability benefits of any kind or been disabled for more than 30 days?  Yes  No
5. Are you currently receiving treatment of any kind or have you been scheduled or been advised to see a licensed medical professional, or scheduled or been advised to have a check up, any diagnostic tests (e.g., x-ray, EKG, blood test), hospitalization, surgery or medical tests?  Yes  No
6. In the last 5 years, have you been diagnosed by or received treatment from a licensed medical professional for Acquired Immune Deficiency Syndrome (AIDS) or human immunodeficiency virus infection (HIV)?  Yes  No
7. Have you ever been treated for drug or alcohol abuse or been advised by a licensed medical professional to limit your use of alcohol or any medication, prescribed or not? If Yes, please complete the alcohol and drug questionnaire.  Yes  No
8. Within the last 10 years, have you used or experimented with cocaine, marijuana, heroin, amphetamines, barbiturates, narcotics, or other stimulants or depressants? If Yes, please complete the alcohol and drug questionnaire.  Yes  No

**B. General risk information (If any answer is Yes, please provide Details in Section D below.)**

1. In the last 5 years, have you been convicted of (a) 2 or more moving violations or (b) driving under the influence of alcohol or other drugs, or have you had your driver's license suspended, restricted or revoked? If Yes, please indicate type and dates in Details below.  Yes  No
2. Have you ever made any flights or do you plan to fly in the next 24 months as a pilot, crew member or student pilot? If Yes, please complete the aviation questionnaire.  Yes  No

**B. General risk information (continued) (If any answer is Yes, please provide Details in Section D below.)**

3. In the last 5 years, have you engaged in or do you plan to engage in any motor vehicle or boat racing, scuba diving, parachuting or sky diving, hang gliding, ballooning, or mountain, rock, or technical climbing; or any other similar sport? If Yes, please complete the avocation questionnaire.  Yes  No
4. Are you a member of, or do you intend to join, the armed forces, reserves, or National Guard? If Yes, please complete the military questionnaire.  Yes  No
5. Do you now or do you plan to reside or travel outside the United States or Canada within the next year? If Yes, please complete the foreign travel/residence questionnaire.  Yes  No
6. Have you been charged with or convicted of, or are you currently awaiting trial for, a felony or misdemeanor? If Yes, please indicate what type, date and city/county/state of felony or misdemeanor and if you are currently on probation or parole in Details below.  Yes  No

**C. Family history (If additional space is required, attach the appropriate supplement to application.)**

| Family History  | Age if living & health status | Age at death & cause |
|---|-------------------------------|----------------------|
| Father  |                               |                      |
| Mother  |                               |                      |
| Siblings  |                               |                      |
|   |                               |                      |
|   |                               |                      |
| <b>If Proposed Insured 2 is a juvenile, provide the amount of life insurance in force on the parents.</b> |                               |                      |
| Mother  | \$                            | Father               |
|   |                               | \$                   |

**D. Details**

For each "Yes" answer identify by section and question # and give full explanation, including: diagnoses, dates, duration, treatment and medications and name, address, telephone # of all attending physicians and medical facilities.

| Section and Question # | Explanation |
|------------------------|-------------|
|                        |             |

## Fraud notice

[Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.]

## Agreement and acknowledgment

Each of the undersigned declares and acknowledges that:

1. My application for life insurance consists of: (a) application for life insurance; (b) supplemental medical application for life insurance, if required; (c) any amendments to the application(s) attached thereto; and (d) any supplements to application (including questionnaires) which are required by Horace Mann Life Insurance Company (the "Company") for the product, amount and benefits applied for.
2. Unless otherwise provided by the conditional receipt for premium deposit, the Company will have no liability under this application or any policy issued as a result of this application unless and until: (a) the application has been received and approved by the Company at its home office; (b) the policy has been issued and delivered to the policy owner; (c) the first premium has been paid to and accepted by the Company; and (d) at the time of delivery of the policy and payment of the first premium, the facts concerning the insurability of each person proposed for coverage, including any child named in the Children's Term Insurance Supplement, if applicable, are as stated in this application and have not changed.
3. No agent/producer, broker or medical examiner has the authority to make or modify any Company contract or to waive any of the Company's requirements.
4. The Company may make corrections, additions or changes to my application. Any such changes will be shown in an amendment to application. Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), product, amount, or benefits unless agreed to in writing by the Proposed Insured(s) (and Proposed Owner(s) if different from the Proposed Insured(s)).
5. I have read, or have had read to me, the completed application for life insurance before signing below. All statements and answers in the application for life insurance are correctly recorded, and are full, complete and true to the best of my knowledge and belief. I understand that any material misrepresentation contained herein or in any other document which is a part of my application for life insurance may be used to reduce or deny a claim and/or contest the policy within the contestable period.

## Authorization

Each of the undersigned declares and acknowledges that:

The following sources are authorized to disclose medical and non-medical information about the Proposed Insured(s) to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) any medical practitioner; (3) any hospital, clinic, Veterans Administration, or other health care provider; (4) any insurance company; (5) any consumer reporting agency; and (6) the MIB, Inc. This includes but is not limited to all information as to any medical history, consultations, diagnosis, prognosis, prescriptions, treatments, tests, and any information regarding alcohol or drug abuse.

I understand that the information obtained will be used to determine eligibility for insurance for each Proposed Insured. Horace Mann Life Insurance Company may release any such information to its reinsurers and the MIB, Inc. To facilitate rapid submission, all such sources are authorized, except the MIB, Inc., to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information. I agree that a photocopy of this authorization is as valid as the original and this authorization shall be valid for 24 months from the date signed. I understand that I or one of my authorized representatives may receive a copy of this authorization by requesting the same from my Horace Mann agent/producer or the Horace Mann home office.

I have received a copy of the consumer privacy notice which: (1) details the methods I must use to exercise my rights to access, correct, and amend any information gathered about the Proposed Insured(s) which relates to my application for life insurance; and (2) includes information about consumer reports and the MIB, Inc. Failure to make this authorization may be a basis for denying my application for life insurance. I understand that I can provide written revocation of this authorization to the Company at any time, except if: (1) the Company has taken action in reliance on the authorization; or (2) the Company is using the authorization in connection with a contestable claim under my policy. Revoking this authorization may be a basis for denying my application for life insurance or for denying benefits.

**[Electronic signature agreement**

I understand that my life application and all related documents required as part of the application process will be completed with an agent/producer of Horace Mann Life Insurance Company.

This information will be used to create a paper application which will be inserted into my life policy. All electronic documents maintained by the Company are the sole original versions of the documents. The Company maintains physical, electronic and procedural safeguards to protect all nonpublic personal information from unauthorized use or improper access.

I understand that I may sign the application and related forms using an electronic signature process. Signatures will be displayed on the computer screen in real time. If any information in the application is changed after the electronic signature is captured, the electronic signature will be erased and a new electronic signature will be required to complete the application. Electronic signatures are encrypted and cannot be used for any purpose other than the execution of the application and related documents.

I also understand that I am not required to use the electronic signature process.

I agree to the use of electronic signatures which will constitute legally binding signatures.]

**Signatory section**

Signed at \_\_\_\_\_ (city/state) on \_\_\_\_\_ (date) which is the same date the application was written and signature(s) received. If applicable, the required premium deposit of \$\_\_\_\_\_ has been collected.

\_\_\_\_\_  
Signature of Proposed Insured 1 (Age 15 and over)

\_\_\_\_\_  
Signature of Proposed Insured 2 (Age 15 and over)

\_\_\_\_\_  
Signature of parent (Required if Proposed Insured is under age 18)

\_\_\_\_\_  
Signature of spouse (Required in community property states if spouse is not a Proposed Insured or Proposed Owner)

\_\_\_\_\_  
Signature of Proposed Owner (1) (Give title if signed on behalf of a business)

\_\_\_\_\_  
Signature of Proposed Owner (2) (Give title if signed on behalf of a business)

**To be completed by agent/producer only**

Do you know or have any reason to believe that replacement of insurance or an annuity is involved?  Yes  No

If replacement is involved, complete and submit required forms or indicate details of transaction below if forms are not required. \_\_\_\_\_

\_\_\_\_\_  
Printed name and number of Agent/Producer (1)

\_\_\_\_\_  
Printed name and number of Agent/Producer (2)

\_\_\_\_\_  
Signature of Agent/Producer (1)

\_\_\_\_\_  
Signature of Agent/Producer (2)

\_\_\_\_\_  
State License # (if applicable)                      Percentage

\_\_\_\_\_  
State License # (if applicable)                      Percentage

**Horace Mann Life Insurance Company**

[A Stock Company  
1 Horace Mann Plaza  
Springfield, Illinois 62715-0001  
800-999-1030]

**Children's Term Insurance Supplement**

**Coverage Information – Application for the addition of Children's Term Insurance Rider to:**

The application dated 11/05/2012 for life insurance on John J. and Jane A. Doe  
Policy # 1234567890 Children's Term Insurance Rider Face Amount \$ 20,000

**Child/Children Proposed for Insurance**

Give information on all unmarried children of the Proposed Insured(s) (including biological and adopted children, step-children or children for whom the Proposed Insured(s) have permanent legal guardianship), who are at least 15 days old and have not reached their 18<sup>th</sup> birthday.

| Name             | Date of birth | Social Security # | Height | Weight |
|------------------|---------------|-------------------|--------|--------|
| John J. Doe, Jr. | 06/08/2005    | 555-55-5555       | 3' 11" | 50     |
| Sally A. Doe     | 04/25/2009    | 777-77-7777       | 2' 9"  | 30     |
|                  |               |                   |        |        |
|                  |               |                   |        |        |
|                  |               |                   |        |        |
|                  |               |                   |        |        |
|                  |               |                   |        |        |

**Beneficiary information**

The Proposed Owner(s) will be the beneficiary(ies) of the Children's Term Insurance Rider unless otherwise designated below.

1.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if beneficiary is irrevocable.

Name/Trustee name  
Last Doe | First John | MI

Address 123 Main Street

City Anytown | STIL | ZIP 12345

Relationship Father

Birth date/Trust date 01/01/1967

Social Security #/TIN # 222-22-2222

Benefit Percentage 50%

2.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if beneficiary is irrevocable.

Name/Trustee name  
Last Doe | First Jane | MI

Address 123 Main Street

City Anytown | STIL | ZIP 12345

Relationship Mother

Birth date/Trust date 05/05/1967

Social Security #/TIN # 444-44-4444

Benefit Percentage 50%

**Life insurance in force**

1. Has any child proposed for insurance ever applied for life, health or disability insurance and been declined or postponed for such insurance, or charged an increased premium for such insurance?  Yes  No

If Yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Does any child proposed for insurance have any applications pending with any other life insurance company now? (If yes, complete details below.)  Yes  No

| Child's name | Company name | Policy/contract #, if applicable | Amount |
|--------------|--------------|----------------------------------|--------|
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |

3. List all insurance in force on any child proposed for insurance. If none, state "NONE". NONE

| Child's name | Company name | Policy/contract #, if known | Year issued | Amount | Replacing?  |
|--------------|--------------|-----------------------------|-------------|--------|---|
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |

**Medical information (If any answer is Yes, please provide details below.)**

1. Has any child proposed for insurance:
- a. had treatment or advice from a doctor within the last 3 years?  Yes  No
  - b. been a patient in a hospital, clinic or emergency room within the last 3 years?  Yes  No
  - c. had rheumatic fever, heart murmur or asthma?  Yes  No
  - d. had a birth defect or impairment of sight, hearing or speech?  Yes  No
  - e. had depression, anxiety, chronic fatigue, ADHD, stress, or other mental or nervous disorder?  Yes  No
2. Does any child proposed for insurance have any other medical impairments other than listed above?  Yes  No

For each Yes answer to questions 1 and 2 above, give the question number, the name(s) of the person(s) affected, and full details. Also include conditions, dates, duration, treatments, results, and names/addresses/phone numbers of physicians and medical facilities.

| No. | Name of Person Affected | Details   |
|-----|-------------------------|---|
| 1a  | John J. Doe, Jr.        | 2/3/2012 – Ear infection – received antibiotics. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-777-7777  |
| 1a  | Sally A. Doe            | 1/25/2012 – Ear infection – received antibiotics. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-777-7777<br><br>10/2010 – Immunizations. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-777-7777 |

**Fraud notice**

[Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.]

**Authorization**

Each of the undersigned declares and acknowledges that:

The following sources are authorized to disclose medical and non-medical information about any child proposed for coverage to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) any medical practitioner; (3) any hospital, clinic, Veterans Administration, or other health care provider; (4) any insurance company; (5) any consumer reporting agency; and (6) the MIB, Inc. This includes but is not limited to all information as to any medical history, consultations, diagnosis, prognosis, prescriptions, treatments, tests, and any information regarding alcohol or drug abuse.

I understand that the information obtained will be used to determine eligibility for insurance for each child proposed for coverage. Horace Mann Life Insurance Company may release any such information to its reinsurers and the MIB, Inc. To facilitate rapid submission, all such sources are authorized, except the MIB, Inc., to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information. I agree that a photocopy of this authorization is as valid as the original and this authorization shall be valid for 24 months from the date signed. I understand that I or one of my authorized representatives may receive a copy of this authorization by requesting the same from my Horace Mann agent/producer or the Horace Mann home office.

I have received a copy of the consumer privacy notice which: (1) details the methods I must use to exercise my rights to access, correct, and amend any information gathered about any child proposed for coverage which relates to this Children’s Term Insurance Supplement; and (2) includes information about consumer reports and the MIB, Inc. Failure to make this authorization may be a basis for denying coverage on any child proposed for coverage. I understand that I can provide written revocation of this authorization to the Company at any time, except if: (1) the Company has taken action in reliance on the authorization; or (2) the Company is using the authorization in connection with a contestable claim under my policy. Revoking this authorization may be a basis for denying coverage on any child proposed for coverage or for denying benefits.

I have read or have had read to me the completed Children’s Term Insurance Supplement before signing below. All statements and answers in this Supplement are correctly recorded and are full, complete and true. I agree that this Children’s Term Insurance Supplement constitutes a part of my application for insurance. I understand that any false statements or material misrepresentations may be used to reduce or deny a claim and/or may result in a loss of coverage under the policy.

Signed at Anytown, IL (city/state) on 11/05/2012 (date).

\_\_\_\_\_  
Signature of Proposed Owner (1)

\_\_\_\_\_  
Signature of Proposed Owner (2)

\_\_\_\_\_  
Signature of Child 15 or older

\_\_\_\_\_  
Signature of Parent/Guardian of Child under 15 years of age

\_\_\_\_\_  
Signature of Child 15 or older

**To be completed by agent/producer only**

Do you know or have any reason to believe that replacement of insurance or an annuity is involved?  Yes  No  
If replacement is involved, complete and submit required forms or indicate details of transaction below if forms are not required. \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent/Producer (1)

\_\_\_\_\_  
Signature of Agent/Producer (2)



Horace Mann Life Insurance Company

[SUP/LFCPSSUP/Policy Number 1234567890]

[1 Horace Mann Plaza  
Springfield, Illinois 62715-0001  
1-800-999-1030]

### Supplement to application – foreign travel/residence questionnaire

Name of Proposed Insured or child proposed for coverage John Doe

Birth date (MM/DD/YYYY) 01/01/1967

1. Are you a citizen of the United States?  Yes  No  
(If No, of what country are you a citizen?) Mexico

2. If applicable, what type of Visa do you have? \_\_\_\_\_

3. What is your country of permanent residence? United States

4. How long have you resided in the United States? 5 years

5. What is the country of your birthplace? Tijuana, Mexico

6. What is your past travel history outside the United States? Please list each city and country to which you have traveled in the past 5 years, the length of stay in each location, and the dates of travel.

None

7. What are your future travel plans outside the United States? None

8. Describe the nature and purpose of your past and future travel (vacation, business/employment, missionary work, etc.) If your travel is business-related, please describe your duties.

None

I agree that this questionnaire shall become a part of my application for insurance.

\_\_\_\_\_  
Signature of Proposed Insured (Age 15 and over)

\_\_\_\_\_  
Signature of parent (Required if Proposed Insured is under age 18)

\_\_\_\_\_  
Signature of child (Required if child is not Proposed Insured 1 or 2 and is age 15 or over)

\_\_\_\_\_  
Signature of Owner (1)

11/06/2012

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner (2)

All information has been accurately recorded as given to me by the Proposed Insured or child proposed for coverage.

\_\_\_\_\_  
Signature of Agent/Producer (1)

\_\_\_\_\_  
Signature of Agent/Producer (2)



Horace Mann Life Insurance Company  
 [1 Horace Mann Plaza  
 Springfield, Illinois 62715-0001  
 1-800-999-1030]

[SUP/LFCPSSUP/Policy Number 1234567890]

## Supplement to application – financial questionnaire

Name of Proposed Insured John J Doe

Birth date (MM/DD/YYYY) 01/01/1967

1. Purpose of insurance:  Estate planning     Buy/sell     Key person     Loan indebtedness  
 Income replacement     Other (explain) \_\_\_\_\_

2. How was the amount of coverage determined? (Attach copies of relevant calculations, insurance needs discussed, estate analysis, etc.)

Amount was determined by using need analysis tool

3. Please complete the following table.

|  | Proposed Insured 1 |                | Proposed Insured 2 |                |
|--|--------------------|----------------|--------------------|----------------|
|  | Amount             | Annual Premium | Amount             | Annual Premium |
| Life Insurance                             |                    |                |                    |                |
| Insurance in force                         | 250,000            | 2,000          |                    |                |
| Insurance applied for with this company    | 1,000,000          | 8,000          |                    |                |
| Insurance applied for with other companies | 0                  | 0              |                    |                |
| Total                                      | 1,500,000          | 10,000         |                    |                |

4. Please complete the following table.

|                         | Proposed Insured 1 |           | Proposed Insured 2 |           |
|-------------------------|--------------------|-----------|--------------------|-----------|
|                         | This Year          | Last Year | This Year          | Last Year |
| Income                  |                    |           |                    |           |
| Annual salary           | 200,000            | 150,000   |                    |           |
| Dividends, etc.         | 1,000              | 1,000     |                    |           |
| Other income (describe) | 5,000              | 4,000     |                    |           |
| Total                   | 206,000            | 155,000   |                    |           |

5. Personal banking references (Please list the bank names and addresses.)

USA Bank, 12 Fifteenth Street, Anytown, IL 12345

6. List any financial advisors (accountants, attorneys, brokers, etc.) who assist you in making financial decisions.

Attorney - John Smith; Accountant - Larry Brown

|   |                     |                                   |                     |
|---|---------------------|-----------------------------------|---------------------|
| 7. Assets                                 |                     | Liabilities                       |                     |
| Cash in banks                             | \$ <u>20,000</u>    | Notes payable to banks            | \$ <u>100,000</u>   |
| Accounts receivable                       | \$ <u>10,000</u>    | Notes payable to others           | \$ <u>100,000</u>   |
| Notes receivable                          | \$ <u>10,000</u>    | Accounts payable                  | \$ <u>500,000</u>   |
| Cash value of life insurance              | \$ <u>10,000</u>    | Loans on life insurance           | \$ <u>0</u>         |
| Real estate                               | \$ <u>500,000</u>   | Taxes and interest due            | \$ <u>100,000</u>   |
| Stocks and bonds (not included above)     | \$ <u>2,000,000</u> | Mortgages or liens on real estate | \$ <u>300,000</u>   |
| Personal property (auto, furniture, etc.) | \$ <u>50,000</u>    | Other liabilities                 | \$ <u>0</u>         |
| Total assets                              | \$ <u>2,600,000</u> | Total liabilities                 | \$ <u>1,100,000</u> |
|   | Net Worth           | \$ <u>1,000,000</u>               |                     |

I agree that this questionnaire shall become a part of my application for insurance.

\_\_\_\_\_  
Signature of Proposed Insured 1 (Age 15 and over)

\_\_\_\_\_  
Signature of Proposed Insured 2 (Age 15 and over)

\_\_\_\_\_  
Signature of parent (Required if Proposed Insured is under age 18)

\_\_\_\_\_  
Signature of Owner (1) (Give title if signed on behalf of a business)

\_\_\_\_\_  
Signature of Owner (2) (Give title if signed on behalf of a business)

11/06/2012  
Date

All information has been accurately recorded as given to me by the Proposed Insured.

\_\_\_\_\_  
Signature of Agent/Producer (1)

\_\_\_\_\_  
Signature of Agent/Producer (2)



Horace Mann Life Insurance Company  
 [1 Horace Mann Plaza  
 Springfield, Illinois 62715-0001  
 1-800-999-1030]

[SUP/LFCPSSUP/Policy Number 1234567890]

Supplement to application – additional information

|                             | Name        | Birth date (MM/DD/YYYY) |
|-----------------------------|-------------|-------------------------|
| Proposed Insured 1          | John J. Doe | 01/01/1967              |
| Proposed Insured 2          |             |                         |
| Child proposed for coverage |             |                         |

Please use the space below to provide any additional information that will not fit in the space allotted on the application.

Family History - Siblings  
 Mary, age 40, excellent health  
 Sam, age 36, excellent health  
 Michael, age 32, excellent health

I agree that this supplement to application shall become a part of my application for insurance.

\_\_\_\_\_  
 Signature of Proposed Insured 1 (Age 15 and over)

\_\_\_\_\_  
 Signature of Proposed Insured 2 (Age 15 and over)

\_\_\_\_\_  
 Signature of parent (Required if Proposed Insured is under age 18)

\_\_\_\_\_  
 Signature of child (Required if child is not Proposed Insured 1 or 2 and is age 15 or over)

\_\_\_\_\_  
 Signature of Owner (1) (Give title if signed on behalf of a business)

\_\_\_\_\_  
 Signature of Owner (2) (Give title if signed on behalf of a business)

11/06/2012

\_\_\_\_\_  
 Signature of spouse (Required in community property states if spouse is not a Proposed Insured or Owner)

\_\_\_\_\_  
 Date

All information has been accurately recorded as given to me by the Proposed Insured(s) or child proposed for coverage.

\_\_\_\_\_  
 Signature of Agent/Producer (1)

\_\_\_\_\_  
 Signature of Agent/Producer (2)

**Agent/Producer report**

[LNB/LFNB/Policy Number \_\_\_\_\_]

School District Code \_\_\_\_\_

1. Send policy to:  Agent/Producer  
 Proposed Insured(s) or Proposed Owner(s) if different from the Proposed Insured(s)
2. Did you personally see each Proposed Insured and any child proposed for coverage on the date the application was taken? (If No, please explain in #12.)  Yes  No
3. Does any Proposed Insured or any child proposed for coverage have any obvious impairments or limitations? (If Yes, please explain in #12.)  Yes  No
4. Are you related to the Proposed Insured(s)? If Yes, relationship? \_\_\_\_\_  Yes  No
5. How long have you known: **Proposed Insured 1?** \_\_\_\_\_  
**Proposed Insured 2?** \_\_\_\_\_
6. Was the conditional receipt explained and given to the Proposed Insured(s) or Proposed Owner(s) if different from the Proposed Insured(s)? (If no, provide information for appropriate option below.)  Yes  No  
 Trial application  
 Payment on delivery  
 Other (Please explain.) \_\_\_\_\_

---

7. Do you have any reason to believe that any answer on the application regarding the Proposed Insured(s) or any child proposed for coverage is not completely true? (If Yes, please explain in #12.)  Yes  No
8. Purpose of insurance:  Estate planning  Buy/sell  Key person  Loan indebtedness  
 Income replacement  Other (explain) \_\_\_\_\_
9. Rate applied for?  Standard  Preferred  Preferred Plus
10. Medical examination arrangements (Note: Complete all health questions on application even if examination is required.)  

|  |  |
|--|--|
| <b>Proposed Insured 1</b> Date _____<br>Examiner _____<br><input type="checkbox"/> Paramedical Exam<br><input type="checkbox"/> Blood/urinalysis<br><input type="checkbox"/> Other _____ | <b>Proposed Insured 2</b> Date _____<br>Examiner _____<br><input type="checkbox"/> Paramedical Exam<br><input type="checkbox"/> Blood/urinalysis<br><input type="checkbox"/> Other _____ |
|--|--|
11. Please indicate the phone number and the best time for us to contact the Proposed Insured(s) and any child proposed for coverage. \_\_\_\_\_
12. Additional details and/or remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agent/Producer Certification**

I have reviewed all of the questions on this application and certify that the answers have been recorded accurately. All information I have on the insurability of the Proposed Insured(s) and any child proposed for coverage has been disclosed on the application or in item 12 above.

I declare that I have accurately answered all questions contained in the Agent/Producer report in connection with this application.

Signature of Agent/Producer \_\_\_\_\_ Agent/Producer # \_\_\_\_\_ Date \_\_\_\_\_

## **Horace Mann Life Insurance Company**

[A Stock Company  
1 Horace Mann Plaza  
Springfield, Illinois 62715-0001  
800-999-1030]

## **Consumer privacy notice**

**Welcome to Horace Mann Life Insurance Company** – We take our responsibility to you and your family very seriously, and we will work hard to maintain your trust in us. You may wonder why we've asked so many questions and how we intend to use the information you've provided. Your answers provide information we need to calculate the cost of your insurance policy, for example, your age, sex, and the amount and insurance product applied for. Other questions are asked so we can determine if you are eligible for the policy applied for and to help our agent update your insurance program.

**Sources of information** – Your application for insurance is our main source of information. Your health and lifestyle are the most important factors we take into account. As part of our evaluation we may, at our expense:

- Interview you or an adult family member by telephone.
- Ask you to be examined by a paramedic or physician. The examination may include such tests as an electrocardiogram, chest x-ray, blood studies, or urinalysis.
- Ask physicians, clinics, hospitals, or other health care providers for information about you.
- Obtain information from the MIB, Inc., and/or a consumer reporting agency. Please refer to later sections for details about this procedure.
- Obtain information from other insurance companies you have applied to in the past. We use this information only for evaluating your application for insurance.

**Safeguarding your privacy** – We use information about you to underwrite, issue and service insurance policies and to process claims. We may share information about you with certain parties without your consent. The extent that we may do so depends on the law. Some parties who may receive information include your agent, a medical professional to tell you of a medical condition you may not know about, or a court, governmental or law enforcement agency. To the extent permitted by law, this information may be shared with nonaffiliated parties that perform marketing or other services on our behalf or with whom we have joint marketing arrangements. This information may also be shared, as permitted by law, within the Horace Mann Companies for auditing, marketing, or other permitted purposes.

Within 30 days of our receipt of your written request, we will send you a copy of all personal information about you in our records or allow you to view this information at our home office. We will identify the source of any such information if such source is an institution. In most cases, medical information will be disclosed either directly to you or to a medical professional designated by you, whichever you prefer. At your request, a copy of any consumer report we obtain on you will be provided to you by the responsible agency.

We will not send you or allow you to view information collected in connection with any claim or civil or criminal proceedings. This would include information relating to suspected fraud or material misrepresentation. We may gather information from you which is used for statistical purposes or marketing research. We will not identify you individually.

**Underwriting your request for coverage** – Once we receive your application for insurance, we will begin the underwriting process to determine whether you are eligible for insurance, and if so, the rate you should pay for that insurance. In most instances, we are able to provide you with insurance coverage exactly as applied for. However, we may find that we are unable to give you the insurance you applied for or that we are able to offer you such insurance only on a modified basis or at a premium rate greater than our lowest premium rate. If we are unable to provide the coverage you applied for, we will notify you of our decision in writing. We will also provide you with specific reasons for our actions should you send us a written request to do so.

**How you may correct our information** – If you think any information in our file is not correct or complete, you may ask us in writing to review it. We will respond within 30 days of our receipt of your written request. If we agree with you, we will make any necessary corrections and inform anyone specified by you who may have received such information in the past two years. We will also inform any insurance support organization which has received such information from us within the past seven years.

If we do not agree with you, you may file a statement of dispute with us. That statement will be sent to anyone receiving such information in the past as stated in the preceding paragraph and included in any future disclosure of the disputed information.

**Consumer reports** – An investigative consumer report may be made to help us determine your eligibility for the insurance you requested. This report may concern your lifestyle, character, general reputation, and personal characteristics, such as health, occupation, and finances. When applicable, it will also involve such matters as your driving record, health history, smoking habits, use of alcohol or drugs, aviation, and hazardous sports participation.

Inquiries will not be directed toward determining your sexual orientation. Also, no adverse underwriting decision will be made because a report shows that you have demonstrated AIDS-related concerns or have sought AIDS-related counseling. AIDS test results received at anonymous counseling and testing sites are confidential and need not be disclosed. Any AIDS testing is limited to FDA-licensed blood tests and a member of the medical profession must make the diagnosis of AIDS.

The consumer reporting agency may obtain information by interviewing you or members of your family, business associates, financial institutions, and acquaintances. You may ask that the agency interview you in person or by telephone. The agency may also check public records, such as police or motor vehicle records.

This information is for insurance purposes only. The consumer reporting agency may retain and release information to others under certain circumstances. If you ask and give proper identification, the agency will provide you with a copy of the report and explain their retention and release practices. Please contact us if you wish to know more about the nature and scope of these reports and how we use them.

**MIB, Inc. (MIB)** – Information regarding your insurability will be treated as confidential. We or our reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates as an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB upon request, will supply such company with information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in its file. Please contact MIB at [866-692-6901 (TTY 866-346-3642)]. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [Post Office Box 105, Essex Station, Boston, Massachusetts 02112].

We or our reinsurers may also release information in our file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**Any more questions** – If you would like to know more about how we collect, evaluate, and control information about you as one of our applicants for insurance, you may contact us at Horace Mann Life Insurance Company, 1 Horace Mann Plaza, Springfield, IL 62715-0001, telephone 1-800-999-1030.

## **Acknowledgement and authorization**

As part of your application for insurance to Horace Mann Life Insurance Company, you have signed the following statements.

**Acknowledgement** – All Proposed Insured(s) and Proposed Owner(s) agree that they have received a copy of the following:

Consumer privacy notice which: (a) details the methods you must use to exercise your rights to access, correct, and amend any information gathered about the Proposed Insured(s) or any child proposed for coverage which relates to this application for insurance; and (b) includes information about consumer reports and the MIB, Inc.; and

**Authorization** – The following sources are authorized to disclose medical and non-medical information about the Proposed Insured(s) and any child proposed for coverage to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) any medical practitioner; (3) any hospital, clinic, Veterans Administration, or other health care provider; (4) any insurance company; (5) any consumer reporting agency; and (6) the MIB, Inc. This includes but is not limited to all information as to any medical history, consultations, diagnosis, prognosis, prescriptions, treatments, tests, and any information regarding alcohol or drug abuse.

Information obtained will be used to determine eligibility for insurance for each Proposed Insured or child proposed for coverage. Horace Mann Life Insurance Company may release any such information to its reinsurers and the MIB, Inc. To facilitate rapid submission, all such sources are authorized, except the MIB, Inc., to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information. A photocopy of this authorization is as valid as the original and this authorization shall be valid for 24 months from the date signed. You or one of your authorized representatives has a right to a copy of this authorization.

Failure to make the authorization may be a basis for denying your application for insurance. You can provide written revocation of the authorization to the company at any time, except if: (1) the company has taken action in reliance on the authorization; or (2) the company is using the authorization in connection with a contestable claim under your policy. Revoking the authorization may be a basis for denying your application for insurance or for denying benefits.

SERFF Tracking #:

HRCN-128688829

State Tracking #:

Company Tracking #:

IC-351000

State:

Arkansas

Filing Company:

Horace Mann Life Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name:

Cash value term life insurance

Project Name/Number:

/

## Rate/Rule Schedule

| Item No. | Schedule Item Status | Document Name | Affected Form Numbers (Separated with commas) | Rate Action | Rate Action Information | Attachments            |
|----------|----------------------|---------------|---|-------------|-------------------------|------------------------|
| 1        |                      | R-IC-351000   | IC-351000                                     | New         |                         | IC-351000 Premiums.pdf |

Horace Mann Life Insurance Company  
 One Horace Mann Plaza  
 Springfield, Illinois 62715

Level Term to Age 95  
 Specified Period = 20 Years  
 Annual Gross Premiums per \$1,000 for the Specified Period  
 Female Non-educator

| Issue Age | Non-Tobacco         |                       |                    | Preferred Non-Tobacco |                    | Preferred Plus Non-Tobacco |                    | Tobacco             |                       |                    |
|-----------|---------------------|-----------------------|--------------------|-----------------------|--------------------|----------------------------|--------------------|---------------------|-----------------------|--------------------|
|           | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999      | \$250,000 - and up | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up |
| 18        | 3.03                | 2.42                  | 2.37               | 2.35                  | 2.30               | 2.28                       | 2.23               | 4.26                | 3.80                  | 3.60               |
| 19        | 3.03                | 2.42                  | 2.37               | 2.35                  | 2.30               | 2.28                       | 2.23               | 4.26                | 3.80                  | 3.60               |
| 20        | 3.03                | 2.42                  | 2.37               | 2.35                  | 2.30               | 2.28                       | 2.23               | 4.26                | 3.80                  | 3.60               |
| 21        | 3.05                | 2.44                  | 2.39               | 2.37                  | 2.31               | 2.30                       | 2.24               | 4.26                | 3.80                  | 3.60               |
| 22        | 3.08                | 2.46                  | 2.40               | 2.39                  | 2.33               | 2.31                       | 2.25               | 4.26                | 3.80                  | 3.60               |
| 23        | 3.10                | 2.48                  | 2.42               | 2.40                  | 2.34               | 2.33                       | 2.27               | 4.26                | 3.80                  | 3.60               |
| 24        | 3.13                | 2.50                  | 2.43               | 2.42                  | 2.36               | 2.34                       | 2.28               | 4.26                | 3.80                  | 3.60               |
| 25        | 3.15                | 2.52                  | 2.45               | 2.44                  | 2.37               | 2.36                       | 2.29               | 4.26                | 3.80                  | 3.60               |
| 26        | 3.22                | 2.57                  | 2.50               | 2.49                  | 2.42               | 2.41                       | 2.34               | 4.51                | 4.08                  | 3.90               |
| 27        | 3.28                | 2.62                  | 2.55               | 2.54                  | 2.47               | 2.46                       | 2.39               | 4.76                | 4.36                  | 4.20               |
| 28        | 3.35                | 2.68                  | 2.60               | 2.60                  | 2.52               | 2.52                       | 2.44               | 5.01                | 4.64                  | 4.50               |
| 29        | 3.41                | 2.73                  | 2.65               | 2.65                  | 2.57               | 2.57                       | 2.49               | 5.26                | 4.92                  | 4.80               |
| 30        | 3.48                | 2.78                  | 2.70               | 2.70                  | 2.62               | 2.62                       | 2.54               | 5.51                | 5.20                  | 5.10               |
| 31        | 3.66                | 3.01                  | 2.93               | 2.92                  | 2.84               | 2.83                       | 2.75               | 6.12                | 5.82                  | 5.71               |
| 32        | 3.84                | 3.23                  | 3.16               | 3.14                  | 3.06               | 3.04                       | 2.96               | 6.73                | 6.43                  | 6.32               |
| 33        | 4.02                | 3.46                  | 3.38               | 3.35                  | 3.28               | 3.25                       | 3.18               | 7.33                | 7.05                  | 6.93               |
| 34        | 4.20                | 3.68                  | 3.61               | 3.57                  | 3.50               | 3.46                       | 3.39               | 7.94                | 7.66                  | 7.54               |
| 35        | 4.38                | 3.91                  | 3.84               | 3.79                  | 3.72               | 3.67                       | 3.60               | 8.55                | 8.28                  | 8.15               |
| 36        | 4.76                | 4.34                  | 4.24               | 4.18                  | 4.09               | 4.03                       | 3.94               | 9.26                | 8.90                  | 8.77               |
| 37        | 5.15                | 4.76                  | 4.64               | 4.57                  | 4.46               | 4.38                       | 4.27               | 9.97                | 9.52                  | 9.39               |
| 38        | 5.53                | 5.19                  | 5.05               | 4.96                  | 4.82               | 4.74                       | 4.61               | 10.69               | 10.13                 | 10.02              |
| 39        | 5.92                | 5.61                  | 5.45               | 5.35                  | 5.19               | 5.09                       | 4.94               | 11.40               | 10.75                 | 10.64              |
| 40        | 6.30                | 6.04                  | 5.85               | 5.74                  | 5.56               | 5.45                       | 5.28               | 12.11               | 11.37                 | 11.26              |
| 41        | 6.91                | 6.56                  | 6.38               | 6.23                  | 6.06               | 5.91                       | 5.76               | 12.81               | 11.97                 | 11.84              |
| 42        | 7.52                | 7.08                  | 6.91               | 6.72                  | 6.56               | 6.38                       | 6.23               | 13.50               | 12.58                 | 12.43              |
| 43        | 8.13                | 7.59                  | 7.44               | 7.21                  | 7.07               | 6.84                       | 6.71               | 14.20               | 13.18                 | 13.01              |
| 44        | 8.74                | 8.11                  | 7.97               | 7.70                  | 7.57               | 7.31                       | 7.18               | 14.89               | 13.79                 | 13.60              |
| 45        | 9.35                | 8.63                  | 8.50               | 8.19                  | 8.07               | 7.77                       | 7.66               | 15.59               | 14.39                 | 14.18              |
| 46        | 10.05               | 9.22                  | 9.09               | 8.76                  | 8.63               | 8.31                       | 8.19               | 16.42               | 15.10                 | 14.86              |
| 47        | 10.75               | 9.82                  | 9.67               | 9.32                  | 9.19               | 8.85                       | 8.72               | 17.26               | 15.82                 | 15.54              |
| 48        | 11.46               | 10.41                 | 10.26              | 9.89                  | 9.74               | 9.39                       | 9.26               | 18.09               | 16.53                 | 16.22              |
| 49        | 12.16               | 11.01                 | 10.84              | 10.45                 | 10.30              | 9.93                       | 9.79               | 18.93               | 17.25                 | 16.90              |
| 50        | 12.86               | 11.60                 | 11.43              | 11.02                 | 10.86              | 10.47                      | 10.32              | 19.76               | 17.96                 | 17.58              |
| 51        | 13.49               | 12.16                 | 11.97              | 11.51                 | 11.33              | 10.90                      | 10.73              | 20.75               | 18.81                 | 18.38              |
| 52        | 14.12               | 12.72                 | 12.50              | 12.00                 | 11.80              | 11.32                      | 11.13              | 21.74               | 19.66                 | 19.18              |
| 53        | 14.75               | 13.28                 | 13.04              | 12.49                 | 12.26              | 11.75                      | 11.54              | 22.74               | 20.51                 | 19.99              |
| 54        | 15.38               | 13.84                 | 13.57              | 12.98                 | 12.73              | 12.17                      | 11.94              | 23.73               | 21.36                 | 20.79              |
| 55        | 16.01               | 14.40                 | 14.11              | 13.47                 | 13.20              | 12.60                      | 12.35              | 24.72               | 22.21                 | 21.59              |
| 56        | 16.91               | 15.32                 | 14.89              | 14.20                 | 13.80              | 13.23                      | 12.86              | 26.18               | 23.43                 | 22.77              |
| 57        | 17.81               | 16.24                 | 15.67              | 14.92                 | 14.40              | 13.85                      | 13.37              | 27.63               | 24.66                 | 23.95              |
| 58        | 18.71               | 17.16                 | 16.44              | 15.65                 | 15.00              | 14.48                      | 13.88              | 29.09               | 25.88                 | 25.12              |
| 59        | 19.61               | 18.08                 | 17.22              | 16.37                 | 15.60              | 15.10                      | 14.39              | 30.54               | 27.11                 | 26.30              |
| 60        | 20.51               | 19.00                 | 18.00              | 17.10                 | 16.20              | 15.73                      | 14.90              | 32.00               | 28.33                 | 27.48              |
| 61        | 21.76               | 20.12                 | 19.00              | 18.11                 | 17.10              | 16.66                      | 15.73              | 33.76               | 29.89                 | 29.02              |
| 62        | 23.02               | 21.24                 | 20.00              | 19.12                 | 18.00              | 17.59                      | 16.56              | 35.52               | 31.46                 | 30.56              |
| 63        | 24.27               | 22.36                 | 21.00              | 20.12                 | 18.90              | 18.51                      | 17.39              | 37.28               | 33.02                 | 32.10              |
| 64        | 25.53               | 23.48                 | 22.00              | 21.13                 | 19.80              | 19.44                      | 18.22              | 39.04               | 34.59                 | 33.64              |
| 65        | 26.78               | 24.60                 | 23.00              | 22.14                 | 20.70              | 20.37                      | 19.05              | 40.80               | 36.15                 | 35.18              |
| 66        | 28.71               | 26.02                 | 24.49              | 23.42                 | 22.04              | 21.55                      | 20.28              | 43.04               | 38.00                 | 37.08              |
| 67        | 30.64               | 27.45                 | 25.98              | 24.70                 | 23.38              | 22.73                      | 21.52              | 45.28               | 39.85                 | 38.99              |
| 68        | 32.57               | 28.87                 | 27.47              | 25.99                 | 24.73              | 23.91                      | 22.75              | 47.52               | 41.70                 | 40.89              |
| 69        | 34.50               | 30.30                 | 28.96              | 27.27                 | 26.07              | 25.09                      | 23.99              | 49.76               | 43.55                 | 42.80              |
| 70        | 36.43               | 31.72                 | 30.45              | 28.55                 | 27.41              | 26.27                      | 25.22              | 52.00               | 45.40                 | 44.70              |

Semi -Annual 0.520  
 Monthly (COM & Payroll) 0.086

Quarterly 0.270  
 Monthly (Direct) 0.100

Horace Mann Life Insurance Company  
One Horace Mann Plaza  
Springfield, Illinois 62715

Level Term to Age 95  
Specified Period = 20 Years  
Annual Gross Premiums per \$1,000 for the Specified Period  
Female Educator

| Issue Age | Non-Tobacco         |                       |                    | Preferred Non-Tobacco |                    | Preferred Plus Non-Tobacco |                    | Tobacco             |                       |                    |
|-----------|---------------------|-----------------------|--------------------|-----------------------|--------------------|----------------------------|--------------------|---------------------|-----------------------|--------------------|
|           | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999      | \$250,000 - and up | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up |
| 18        | 2.85                | 2.27                  | 2.23               | 2.21                  | 2.16               | 2.14                       | 2.10               | 4.09                | 3.65                  | 3.46               |
| 19        | 2.85                | 2.27                  | 2.23               | 2.21                  | 2.16               | 2.14                       | 2.10               | 4.09                | 3.65                  | 3.46               |
| 20        | 2.85                | 2.27                  | 2.23               | 2.21                  | 2.16               | 2.14                       | 2.10               | 4.09                | 3.65                  | 3.46               |
| 21        | 2.87                | 2.29                  | 2.24               | 2.23                  | 2.17               | 2.16                       | 2.11               | 4.09                | 3.65                  | 3.46               |
| 22        | 2.89                | 2.31                  | 2.26               | 2.24                  | 2.19               | 2.17                       | 2.12               | 4.09                | 3.65                  | 3.46               |
| 23        | 2.92                | 2.33                  | 2.27               | 2.26                  | 2.20               | 2.19                       | 2.13               | 4.09                | 3.65                  | 3.46               |
| 24        | 2.94                | 2.35                  | 2.29               | 2.27                  | 2.22               | 2.20                       | 2.14               | 4.09                | 3.65                  | 3.46               |
| 25        | 2.96                | 2.37                  | 2.30               | 2.29                  | 2.23               | 2.22                       | 2.15               | 4.09                | 3.65                  | 3.46               |
| 26        | 3.02                | 2.42                  | 2.35               | 2.34                  | 2.28               | 2.27                       | 2.20               | 4.33                | 3.92                  | 3.75               |
| 27        | 3.08                | 2.47                  | 2.40               | 2.39                  | 2.32               | 2.32                       | 2.25               | 4.57                | 4.19                  | 4.04               |
| 28        | 3.15                | 2.51                  | 2.44               | 2.44                  | 2.37               | 2.36                       | 2.29               | 4.81                | 4.45                  | 4.32               |
| 29        | 3.21                | 2.56                  | 2.49               | 2.49                  | 2.41               | 2.41                       | 2.34               | 5.05                | 4.72                  | 4.61               |
| 30        | 3.27                | 2.61                  | 2.54               | 2.54                  | 2.46               | 2.46                       | 2.39               | 5.29                | 4.99                  | 4.90               |
| 31        | 3.44                | 2.82                  | 2.75               | 2.74                  | 2.67               | 2.66                       | 2.59               | 5.87                | 5.58                  | 5.48               |
| 32        | 3.61                | 3.04                  | 2.97               | 2.95                  | 2.88               | 2.86                       | 2.79               | 6.46                | 6.17                  | 6.07               |
| 33        | 3.78                | 3.25                  | 3.18               | 3.15                  | 3.08               | 3.05                       | 2.98               | 7.04                | 6.77                  | 6.65               |
| 34        | 3.95                | 3.47                  | 3.40               | 3.36                  | 3.29               | 3.25                       | 3.18               | 7.63                | 7.36                  | 7.24               |
| 35        | 4.12                | 3.68                  | 3.61               | 3.56                  | 3.50               | 3.45                       | 3.38               | 8.21                | 7.95                  | 7.82               |
| 36        | 4.48                | 4.08                  | 3.99               | 3.93                  | 3.85               | 3.78                       | 3.70               | 8.89                | 8.54                  | 8.42               |
| 37        | 4.84                | 4.48                  | 4.37               | 4.30                  | 4.19               | 4.12                       | 4.01               | 9.58                | 9.14                  | 9.02               |
| 38        | 5.20                | 4.88                  | 4.74               | 4.66                  | 4.54               | 4.45                       | 4.33               | 10.26               | 9.73                  | 9.61               |
| 39        | 5.56                | 5.28                  | 5.12               | 5.03                  | 4.88               | 4.79                       | 4.64               | 10.95               | 10.33                 | 10.21              |
| 40        | 5.92                | 5.68                  | 5.50               | 5.40                  | 5.23               | 5.12                       | 4.96               | 11.63               | 10.92                 | 10.81              |
| 41        | 6.49                | 6.17                  | 6.00               | 5.86                  | 5.70               | 5.56                       | 5.41               | 12.30               | 11.50                 | 11.37              |
| 42        | 7.07                | 6.66                  | 6.50               | 6.32                  | 6.17               | 5.99                       | 5.86               | 12.97               | 12.08                 | 11.93              |
| 43        | 7.64                | 7.14                  | 6.99               | 6.78                  | 6.65               | 6.43                       | 6.30               | 13.63               | 12.65                 | 12.49              |
| 44        | 8.22                | 7.63                  | 7.49               | 7.24                  | 7.12               | 6.86                       | 6.75               | 14.30               | 13.23                 | 13.05              |
| 45        | 8.79                | 8.12                  | 7.99               | 7.70                  | 7.59               | 7.30                       | 7.20               | 14.97               | 13.81                 | 13.61              |
| 46        | 9.45                | 8.68                  | 8.54               | 8.23                  | 8.11               | 7.81                       | 7.70               | 15.77               | 14.50                 | 14.26              |
| 47        | 10.11               | 9.23                  | 9.09               | 8.76                  | 8.64               | 8.32                       | 8.20               | 16.57               | 15.18                 | 14.92              |
| 48        | 10.77               | 9.79                  | 9.64               | 9.30                  | 9.16               | 8.82                       | 8.70               | 17.37               | 15.87                 | 15.57              |
| 49        | 11.43               | 10.34                 | 10.19              | 9.83                  | 9.69               | 9.33                       | 9.20               | 18.17               | 16.55                 | 16.23              |
| 50        | 12.09               | 10.90                 | 10.74              | 10.36                 | 10.21              | 9.84                       | 9.70               | 18.97               | 17.24                 | 16.88              |
| 51        | 12.68               | 11.43                 | 11.24              | 10.82                 | 10.65              | 10.24                      | 10.08              | 19.92               | 18.06                 | 17.65              |
| 52        | 13.27               | 11.96                 | 11.75              | 11.28                 | 11.09              | 10.64                      | 10.46              | 20.87               | 18.87                 | 18.42              |
| 53        | 13.87               | 12.48                 | 12.25              | 11.74                 | 11.53              | 11.04                      | 10.85              | 21.83               | 19.69                 | 19.19              |
| 54        | 14.46               | 13.01                 | 12.76              | 12.20                 | 11.97              | 11.44                      | 11.23              | 22.78               | 20.50                 | 19.96              |
| 55        | 15.05               | 13.54                 | 13.26              | 12.66                 | 12.41              | 11.84                      | 11.61              | 23.73               | 21.32                 | 20.73              |
| 56        | 15.90               | 14.40                 | 13.99              | 13.34                 | 12.97              | 12.43                      | 12.09              | 25.13               | 22.50                 | 21.86              |
| 57        | 16.74               | 15.27                 | 14.72              | 14.02                 | 13.54              | 13.02                      | 12.57              | 26.53               | 23.67                 | 22.99              |
| 58        | 17.59               | 16.13                 | 15.46              | 14.71                 | 14.10              | 13.61                      | 13.05              | 27.92               | 24.85                 | 24.12              |
| 59        | 18.43               | 17.00                 | 16.19              | 15.39                 | 14.67              | 14.20                      | 13.53              | 29.32               | 26.02                 | 25.25              |
| 60        | 19.28               | 17.86                 | 16.92              | 16.07                 | 15.23              | 14.79                      | 14.01              | 30.72               | 27.20                 | 26.38              |
| 61        | 20.46               | 18.91                 | 17.86              | 17.02                 | 16.08              | 15.66                      | 14.79              | 32.41               | 28.70                 | 27.86              |
| 62        | 21.64               | 19.96                 | 18.80              | 17.97                 | 16.92              | 16.53                      | 15.57              | 34.10               | 30.20                 | 29.34              |
| 63        | 22.81               | 21.02                 | 19.74              | 18.91                 | 17.77              | 17.41                      | 16.35              | 35.79               | 31.70                 | 30.81              |
| 64        | 23.99               | 22.07                 | 20.68              | 19.86                 | 18.61              | 18.28                      | 17.13              | 37.48               | 33.20                 | 32.29              |
| 65        | 25.17               | 23.12                 | 21.62              | 20.81                 | 19.46              | 19.15                      | 17.91              | 39.17               | 34.70                 | 33.77              |
| 66        | 26.98               | 24.46                 | 23.02              | 22.02                 | 20.72              | 20.26                      | 19.07              | 41.32               | 36.48                 | 35.60              |
| 67        | 28.80               | 25.80                 | 24.42              | 23.22                 | 21.98              | 21.37                      | 20.23              | 43.47               | 38.25                 | 37.43              |
| 68        | 30.61               | 27.14                 | 25.82              | 24.43                 | 23.25              | 22.47                      | 21.39              | 45.62               | 40.03                 | 39.25              |
| 69        | 32.43               | 28.48                 | 27.22              | 25.63                 | 24.51              | 23.58                      | 22.55              | 47.77               | 41.80                 | 41.08              |
| 70        | 34.24               | 29.82                 | 28.62              | 26.84                 | 25.77              | 24.69                      | 23.71              | 49.92               | 43.58                 | 42.91              |

Semi -Annual 0.520  
Monthly (COM & Payroll) 0.086

Quarterly 0.270  
Monthly (Direct) 0.100

Horace Mann Life Insurance Company  
One Horace Mann Plaza  
Springfield, Illinois 62715

Level Term to Age 95  
Specified Period = 20 Years  
Annual Gross Premiums per \$1,000 for the Specified Period  
Male Non-educator

| Issue Age | Non-Tobacco         |                       |                    | Preferred Non-Tobacco |                    | Preferred Plus Non-Tobacco |                    | Tobacco             |                       |                    |
|-----------|---------------------|-----------------------|--------------------|-----------------------|--------------------|----------------------------|--------------------|---------------------|-----------------------|--------------------|
|           | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999      | \$250,000 - and up | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up |
| 18        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 19        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 20        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 21        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 22        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 23        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 24        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 25        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 26        | 4.13                | 3.45                  | 3.35               | 3.33                  | 3.26               | 3.23                       | 3.16               | 8.37                | 7.43                  | 7.09               |
| 27        | 4.23                | 3.55                  | 3.44               | 3.40                  | 3.33               | 3.29                       | 3.22               | 8.54                | 7.71                  | 7.39               |
| 28        | 4.32                | 3.64                  | 3.54               | 3.46                  | 3.39               | 3.36                       | 3.29               | 8.71                | 8.00                  | 7.70               |
| 29        | 4.42                | 3.74                  | 3.63               | 3.53                  | 3.46               | 3.42                       | 3.35               | 8.88                | 8.28                  | 8.00               |
| 30        | 4.52                | 3.83                  | 3.72               | 3.60                  | 3.53               | 3.49                       | 3.42               | 9.05                | 8.56                  | 8.30               |
| 31        | 4.72                | 4.04                  | 3.92               | 3.84                  | 3.75               | 3.72                       | 3.64               | 9.61                | 9.11                  | 8.79               |
| 32        | 4.92                | 4.25                  | 4.12               | 4.07                  | 3.97               | 3.95                       | 3.85               | 10.18               | 9.66                  | 9.28               |
| 33        | 5.11                | 4.46                  | 4.33               | 4.31                  | 4.20               | 4.18                       | 4.07               | 10.74               | 10.20                 | 9.76               |
| 34        | 5.31                | 4.67                  | 4.53               | 4.54                  | 4.42               | 4.41                       | 4.28               | 11.31               | 10.75                 | 10.25              |
| 35        | 5.51                | 4.88                  | 4.73               | 4.78                  | 4.64               | 4.64                       | 4.50               | 11.87               | 11.30                 | 10.74              |
| 36        | 5.92                | 5.26                  | 5.10               | 5.15                  | 5.00               | 4.98                       | 4.83               | 12.62               | 12.02                 | 11.42              |
| 37        | 6.33                | 5.63                  | 5.46               | 5.52                  | 5.36               | 5.33                       | 5.17               | 13.37               | 12.74                 | 12.11              |
| 38        | 6.75                | 6.01                  | 5.83               | 5.88                  | 5.71               | 5.67                       | 5.50               | 14.12               | 13.47                 | 12.79              |
| 39        | 7.16                | 6.38                  | 6.19               | 6.25                  | 6.07               | 6.02                       | 5.84               | 14.87               | 14.19                 | 13.48              |
| 40        | 7.57                | 6.76                  | 6.56               | 6.62                  | 6.43               | 6.36                       | 6.17               | 15.62               | 14.91                 | 14.16              |
| 41        | 8.34                | 7.48                  | 7.26               | 7.29                  | 7.08               | 7.00                       | 6.79               | 16.61               | 15.85                 | 14.97              |
| 42        | 9.11                | 8.21                  | 7.96               | 7.96                  | 7.73               | 7.64                       | 7.42               | 17.60               | 16.79                 | 15.79              |
| 43        | 9.88                | 8.93                  | 8.67               | 8.62                  | 8.37               | 8.29                       | 8.04               | 18.60               | 17.72                 | 16.60              |
| 44        | 10.65               | 9.66                  | 9.37               | 9.29                  | 9.02               | 8.93                       | 8.67               | 19.59               | 18.66                 | 17.42              |
| 45        | 11.42               | 10.38                 | 10.07              | 9.96                  | 9.67               | 9.57                       | 9.29               | 20.58               | 19.60                 | 18.23              |
| 46        | 12.35               | 11.31                 | 10.97              | 10.73                 | 10.42              | 10.31                      | 10.01              | 21.95               | 20.81                 | 19.30              |
| 47        | 13.28               | 12.24                 | 11.87              | 11.51                 | 11.17              | 11.05                      | 10.72              | 23.32               | 22.02                 | 20.37              |
| 48        | 14.22               | 13.17                 | 12.78              | 12.28                 | 11.91              | 11.79                      | 11.44              | 24.69               | 23.22                 | 21.45              |
| 49        | 15.15               | 14.10                 | 13.68              | 13.06                 | 12.66              | 12.53                      | 12.15              | 26.06               | 24.43                 | 22.52              |
| 50        | 16.08               | 15.03                 | 14.58              | 13.83                 | 13.41              | 13.27                      | 12.87              | 27.43               | 25.64                 | 23.59              |
| 51        | 17.01               | 15.82                 | 15.27              | 14.48                 | 14.05              | 13.87                      | 13.45              | 29.33               | 27.11                 | 25.14              |
| 52        | 17.93               | 16.62                 | 15.97              | 15.14                 | 14.68              | 14.46                      | 14.03              | 31.24               | 28.58                 | 26.69              |
| 53        | 18.86               | 17.41                 | 16.66              | 15.79                 | 15.32              | 15.06                      | 14.61              | 33.14               | 30.05                 | 28.24              |
| 54        | 19.78               | 18.21                 | 17.36              | 16.45                 | 15.95              | 15.65                      | 15.19              | 35.05               | 31.52                 | 29.79              |
| 55        | 20.71               | 19.00                 | 18.05              | 17.10                 | 16.59              | 16.25                      | 15.77              | 36.95               | 32.99                 | 31.34              |
| 56        | 22.12               | 20.29                 | 19.28              | 18.26                 | 17.63              | 17.22                      | 16.62              | 39.71               | 35.37                 | 33.60              |
| 57        | 23.53               | 21.59                 | 20.51              | 19.43                 | 18.67              | 18.19                      | 17.48              | 42.47               | 37.76                 | 35.87              |
| 58        | 24.94               | 22.88                 | 21.74              | 20.59                 | 19.70              | 19.15                      | 18.33              | 45.23               | 40.14                 | 38.13              |
| 59        | 26.35               | 24.18                 | 22.97              | 21.76                 | 20.74              | 20.12                      | 19.19              | 47.99               | 42.53                 | 40.40              |
| 60        | 27.76               | 25.47                 | 24.20              | 22.92                 | 21.78              | 21.09                      | 20.04              | 50.75               | 44.91                 | 42.66              |
| 61        | 29.67               | 26.98                 | 25.63              | 24.28                 | 23.07              | 22.34                      | 21.22              | 54.39               | 47.61                 | 45.22              |
| 62        | 31.57               | 28.48                 | 27.06              | 25.63                 | 24.36              | 23.58                      | 22.41              | 58.03               | 50.31                 | 47.79              |
| 63        | 33.48               | 29.99                 | 28.49              | 26.99                 | 25.64              | 24.83                      | 23.59              | 61.66               | 53.00                 | 50.35              |
| 64        | 35.38               | 31.49                 | 29.92              | 28.34                 | 26.93              | 26.07                      | 24.78              | 65.30               | 55.70                 | 52.92              |
| 65        | 37.29               | 33.00                 | 31.35              | 29.70                 | 28.22              | 27.32                      | 25.96              | 68.94               | 58.40                 | 55.48              |
| 66        | 40.43               | 35.87                 | 34.07              | 31.81                 | 30.38              | 29.26                      | 27.95              | 74.03               | 62.72                 | 59.59              |
| 67        | 43.58               | 38.73                 | 36.79              | 33.91                 | 32.54              | 31.20                      | 29.94              | 79.13               | 67.04                 | 63.69              |
| 68        | 46.72               | 41.60                 | 39.52              | 36.02                 | 34.70              | 33.13                      | 31.92              | 84.22               | 71.37                 | 67.80              |
| 69        | 49.87               | 44.46                 | 42.24              | 38.12                 | 36.86              | 35.07                      | 33.91              | 89.32               | 75.69                 | 71.90              |
| 70        | 53.01               | 47.33                 | 44.96              | 40.23                 | 39.02              | 37.01                      | 35.90              | 94.41               | 80.01                 | 76.01              |

Semi -Annual 0.520  
Monthly (COM & Payroll) 0.086

Quarterly 0.270  
Monthly (Direct) 0.100

Horace Mann Life Insurance Company  
One Horace Mann Plaza  
Springfield, Illinois 62715

Level Term to Age 95  
Specified Period = 20 Years  
Annual Gross Premiums per \$1,000 for the Specified Period  
Male Educator

| Issue Age | Non-Tobacco         |                       |                    | Preferred Non-Tobacco |                    | Preferred Plus Non-Tobacco |                    | Tobacco             |                       |                    |
|-----------|---------------------|-----------------------|--------------------|-----------------------|--------------------|----------------------------|--------------------|---------------------|-----------------------|--------------------|
|           | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999      | \$250,000 - and up | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up |
| 18        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 19        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 20        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 21        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 22        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 23        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 24        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 25        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 26        | 3.88                | 3.25                  | 3.15               | 3.12                  | 3.06               | 3.03                       | 2.96               | 7.87                | 6.99                  | 6.66               |
| 27        | 3.97                | 3.34                  | 3.23               | 3.19                  | 3.13               | 3.09                       | 3.02               | 8.03                | 7.25                  | 6.95               |
| 28        | 4.07                | 3.42                  | 3.32               | 3.25                  | 3.19               | 3.16                       | 3.09               | 8.19                | 7.52                  | 7.23               |
| 29        | 4.16                | 3.51                  | 3.40               | 3.32                  | 3.26               | 3.22                       | 3.15               | 8.35                | 7.78                  | 7.52               |
| 30        | 4.25                | 3.60                  | 3.49               | 3.38                  | 3.32               | 3.28                       | 3.21               | 8.51                | 8.05                  | 7.80               |
| 31        | 4.44                | 3.80                  | 3.68               | 3.60                  | 3.53               | 3.50                       | 3.41               | 9.04                | 8.56                  | 8.26               |
| 32        | 4.62                | 4.00                  | 3.87               | 3.83                  | 3.74               | 3.71                       | 3.62               | 9.57                | 9.08                  | 8.72               |
| 33        | 4.81                | 4.19                  | 4.07               | 4.05                  | 3.94               | 3.93                       | 3.82               | 10.10               | 9.59                  | 9.18               |
| 34        | 4.99                | 4.39                  | 4.26               | 4.28                  | 4.15               | 4.14                       | 4.03               | 10.63               | 10.11                 | 9.64               |
| 35        | 5.18                | 4.59                  | 4.45               | 4.50                  | 4.36               | 4.36                       | 4.23               | 11.16               | 10.62                 | 10.10              |
| 36        | 5.57                | 4.94                  | 4.79               | 4.85                  | 4.70               | 4.68                       | 4.54               | 11.86               | 11.30                 | 10.74              |
| 37        | 5.96                | 5.29                  | 5.13               | 5.19                  | 5.03               | 5.01                       | 4.86               | 12.57               | 11.98                 | 11.38              |
| 38        | 6.34                | 5.65                  | 5.48               | 5.54                  | 5.37               | 5.33                       | 5.17               | 13.27               | 12.66                 | 12.03              |
| 39        | 6.73                | 6.00                  | 5.82               | 5.88                  | 5.70               | 5.66                       | 5.49               | 13.98               | 13.34                 | 12.67              |
| 40        | 7.12                | 6.35                  | 6.16               | 6.23                  | 6.04               | 5.98                       | 5.80               | 14.68               | 14.02                 | 13.31              |
| 41        | 7.84                | 7.03                  | 6.82               | 6.86                  | 6.65               | 6.58                       | 6.39               | 15.61               | 14.90                 | 14.08              |
| 42        | 8.56                | 7.72                  | 7.48               | 7.49                  | 7.26               | 7.19                       | 6.97               | 16.55               | 15.78                 | 14.84              |
| 43        | 9.29                | 8.40                  | 8.14               | 8.11                  | 7.87               | 7.79                       | 7.56               | 17.48               | 16.66                 | 15.61              |
| 44        | 10.01               | 9.09                  | 8.80               | 8.74                  | 8.48               | 8.40                       | 8.14               | 18.42               | 17.54                 | 16.37              |
| 45        | 10.73               | 9.77                  | 9.46               | 9.37                  | 9.09               | 9.00                       | 8.73               | 19.35               | 18.42                 | 17.14              |
| 46        | 11.61               | 10.64                 | 10.31              | 10.10                 | 9.79               | 9.69                       | 9.40               | 20.64               | 19.56                 | 18.15              |
| 47        | 12.49               | 11.51                 | 11.16              | 10.82                 | 10.50              | 10.39                      | 10.08              | 21.92               | 20.69                 | 19.15              |
| 48        | 13.36               | 12.38                 | 12.00              | 11.55                 | 11.20              | 11.08                      | 10.75              | 23.21               | 21.83                 | 20.16              |
| 49        | 14.24               | 13.25                 | 12.85              | 12.27                 | 11.91              | 11.78                      | 11.43              | 24.49               | 22.96                 | 21.16              |
| 50        | 15.12               | 14.12                 | 13.70              | 13.00                 | 12.61              | 12.47                      | 12.10              | 25.78               | 24.10                 | 22.17              |
| 51        | 15.99               | 14.87                 | 14.35              | 13.61                 | 13.21              | 13.03                      | 12.64              | 27.57               | 25.48                 | 23.63              |
| 52        | 16.86               | 15.62                 | 15.01              | 14.23                 | 13.80              | 13.59                      | 13.19              | 29.36               | 26.86                 | 25.09              |
| 53        | 17.73               | 16.36                 | 15.66              | 14.84                 | 14.40              | 14.16                      | 13.73              | 31.15               | 28.25                 | 26.54              |
| 54        | 18.60               | 17.11                 | 16.32              | 15.46                 | 14.99              | 14.72                      | 14.28              | 32.94               | 29.63                 | 28.00              |
| 55        | 19.47               | 17.86                 | 16.97              | 16.07                 | 15.59              | 15.28                      | 14.82              | 34.73               | 31.01                 | 29.46              |
| 56        | 20.79               | 19.08                 | 18.12              | 17.17                 | 16.57              | 16.19                      | 15.62              | 37.33               | 33.25                 | 31.59              |
| 57        | 22.12               | 20.29                 | 19.28              | 18.26                 | 17.54              | 17.10                      | 16.43              | 39.92               | 35.49                 | 33.72              |
| 58        | 23.44               | 21.51                 | 20.43              | 19.36                 | 18.52              | 18.00                      | 17.23              | 42.52               | 37.74                 | 35.84              |
| 59        | 24.77               | 22.72                 | 21.59              | 20.45                 | 19.49              | 18.91                      | 18.04              | 45.11               | 39.98                 | 37.97              |
| 60        | 26.09               | 23.94                 | 22.74              | 21.55                 | 20.47              | 19.82                      | 18.84              | 47.71               | 42.22                 | 40.10              |
| 61        | 27.88               | 25.36                 | 24.09              | 22.82                 | 21.68              | 20.99                      | 19.95              | 51.13               | 44.76                 | 42.51              |
| 62        | 29.67               | 26.77                 | 25.43              | 24.10                 | 22.89              | 22.16                      | 21.06              | 54.55               | 47.29                 | 44.92              |
| 63        | 31.47               | 28.19                 | 26.78              | 25.37                 | 24.11              | 23.34                      | 22.18              | 57.96               | 49.83                 | 47.33              |
| 64        | 33.26               | 29.60                 | 28.12              | 26.65                 | 25.32              | 24.51                      | 23.29              | 61.38               | 52.36                 | 49.74              |
| 65        | 35.05               | 31.02                 | 29.47              | 27.92                 | 26.53              | 25.68                      | 24.40              | 64.80               | 54.90                 | 52.15              |
| 66        | 38.01               | 33.71                 | 32.03              | 29.90                 | 28.56              | 27.50                      | 26.27              | 69.59               | 58.96                 | 56.01              |
| 67        | 40.96               | 36.41                 | 34.59              | 31.88                 | 30.59              | 29.32                      | 28.14              | 74.38               | 63.02                 | 59.87              |
| 68        | 43.92               | 39.10                 | 37.15              | 33.86                 | 32.62              | 31.15                      | 30.01              | 79.17               | 67.09                 | 63.73              |
| 69        | 46.87               | 41.80                 | 39.71              | 35.84                 | 34.65              | 32.97                      | 31.88              | 83.96               | 71.15                 | 67.59              |
| 70        | 49.83               | 44.49                 | 42.27              | 37.82                 | 36.68              | 34.79                      | 33.75              | 88.75               | 75.21                 | 71.45              |

Semi -Annual 0.520  
Monthly (COM & Payroll) 0.086

Quarterly 0.270  
Monthly (Direct) 0.100

Horace Mann Life Insurance Company  
One Horace Mann Plaza  
Springfield, Illinois 62715

Level Term to Age 95  
Specified Period = 30 Years  
Annual Gross Premiums per \$1,000 for the Specified Period  
Female Non-educator

| Issue Age | Non-Tobacco         |                       |                    | Preferred Non-Tobacco |                    | Preferred Plus Non-Tobacco |                    | Tobacco             |                       |                    |
|-----------|---------------------|-----------------------|--------------------|-----------------------|--------------------|----------------------------|--------------------|---------------------|-----------------------|--------------------|
|           | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999      | \$250,000 - and up | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up |
| 18        | 3.03                | 2.42                  | 2.37               | 2.35                  | 2.30               | 2.28                       | 2.23               | 4.26                | 3.80                  | 3.69               |
| 19        | 3.03                | 2.42                  | 2.37               | 2.35                  | 2.30               | 2.28                       | 2.23               | 4.26                | 3.80                  | 3.69               |
| 20        | 3.03                | 2.42                  | 2.37               | 2.35                  | 2.30               | 2.28                       | 2.23               | 4.26                | 3.80                  | 3.69               |
| 21        | 3.05                | 2.44                  | 2.39               | 2.37                  | 2.31               | 2.30                       | 2.24               | 4.26                | 3.80                  | 3.69               |
| 22        | 3.08                | 2.46                  | 2.40               | 2.39                  | 2.33               | 2.31                       | 2.25               | 4.26                | 3.80                  | 3.69               |
| 23        | 3.10                | 2.48                  | 2.42               | 2.40                  | 2.34               | 2.33                       | 2.27               | 4.26                | 3.80                  | 3.69               |
| 24        | 3.13                | 2.50                  | 2.43               | 2.42                  | 2.36               | 2.34                       | 2.28               | 4.26                | 3.80                  | 3.69               |
| 25        | 3.15                | 2.52                  | 2.45               | 2.44                  | 2.37               | 2.36                       | 2.29               | 4.26                | 3.80                  | 3.69               |
| 26        | 3.22                | 2.57                  | 2.50               | 2.49                  | 2.42               | 2.41                       | 2.34               | 4.66                | 4.23                  | 4.11               |
| 27        | 3.28                | 2.62                  | 2.55               | 2.54                  | 2.47               | 2.46                       | 2.39               | 5.06                | 4.66                  | 4.52               |
| 28        | 3.35                | 2.68                  | 2.60               | 2.60                  | 2.52               | 2.52                       | 2.44               | 5.45                | 5.09                  | 4.94               |
| 29        | 3.41                | 2.73                  | 2.65               | 2.65                  | 2.57               | 2.57                       | 2.49               | 5.85                | 5.52                  | 5.35               |
| 30        | 3.48                | 2.78                  | 2.70               | 2.70                  | 2.62               | 2.62                       | 2.54               | 6.25                | 5.95                  | 5.77               |
| 31        | 3.66                | 3.01                  | 2.93               | 2.92                  | 2.84               | 2.83                       | 2.75               | 6.79                | 6.45                  | 6.25               |
| 32        | 3.84                | 3.23                  | 3.16               | 3.14                  | 3.06               | 3.04                       | 2.96               | 7.32                | 6.94                  | 6.73               |
| 33        | 4.02                | 3.46                  | 3.38               | 3.35                  | 3.28               | 3.25                       | 3.18               | 7.86                | 7.44                  | 7.22               |
| 34        | 4.20                | 3.68                  | 3.61               | 3.57                  | 3.50               | 3.46                       | 3.39               | 8.39                | 7.93                  | 7.70               |
| 35        | 4.38                | 3.91                  | 3.84               | 3.79                  | 3.72               | 3.67                       | 3.60               | 8.93                | 8.43                  | 8.18               |
| 36        | 4.81                | 4.34                  | 4.24               | 4.18                  | 4.09               | 4.03                       | 3.94               | 9.57                | 9.02                  | 8.80               |
| 37        | 5.25                | 4.76                  | 4.64               | 4.57                  | 4.46               | 4.38                       | 4.27               | 10.20               | 9.61                  | 9.41               |
| 38        | 5.68                | 5.19                  | 5.05               | 4.96                  | 4.82               | 4.74                       | 4.61               | 10.84               | 10.19                 | 10.03              |
| 39        | 6.12                | 5.61                  | 5.45               | 5.35                  | 5.19               | 5.09                       | 4.94               | 11.47               | 10.78                 | 10.64              |
| 40        | 6.55                | 6.04                  | 5.85               | 5.74                  | 5.56               | 5.45                       | 5.28               | 12.11               | 11.37                 | 11.26              |
| 41        | 7.18                | 6.58                  | 6.38               | 6.25                  | 6.06               | 5.93                       | 5.76               | 12.87               | 11.97                 | 11.84              |
| 42        | 7.82                | 7.12                  | 6.91               | 6.76                  | 6.56               | 6.42                       | 6.23               | 13.62               | 12.58                 | 12.43              |
| 43        | 8.45                | 7.67                  | 7.44               | 7.28                  | 7.07               | 6.90                       | 6.71               | 14.38               | 13.18                 | 13.01              |
| 44        | 9.09                | 8.21                  | 7.97               | 7.79                  | 7.57               | 7.39                       | 7.18               | 15.13               | 13.79                 | 13.60              |
| 45        | 9.72                | 8.75                  | 8.50               | 8.30                  | 8.07               | 7.87                       | 7.66               | 15.89               | 14.39                 | 14.18              |
| 46        | 10.37               | 9.32                  | 9.09               | 8.84                  | 8.63               | 8.39                       | 8.19               | 16.92               | 15.28                 | 15.00              |
| 47        | 11.02               | 9.89                  | 9.67               | 9.39                  | 9.19               | 8.91                       | 8.72               | 17.95               | 16.17                 | 15.82              |
| 48        | 11.66               | 10.46                 | 10.26              | 9.93                  | 9.74               | 9.43                       | 9.26               | 18.98               | 17.06                 | 16.63              |
| 49        | 12.31               | 11.03                 | 10.84              | 10.48                 | 10.30              | 9.95                       | 9.79               | 20.01               | 17.95                 | 17.45              |
| 50        | 12.96               | 11.60                 | 11.43              | 11.02                 | 10.86              | 10.47                      | 10.32              | 21.04               | 18.84                 | 18.27              |
| 51        | 13.86               | 12.32                 | 12.14              | 11.67                 | 11.50              | 11.06                      | 10.90              | 22.34               | 19.99                 | 19.39              |
| 52        | 14.76               | 13.04                 | 12.85              | 12.33                 | 12.14              | 11.65                      | 11.48              | 23.63               | 21.14                 | 20.51              |
| 53        | 15.66               | 13.76                 | 13.55              | 12.98                 | 12.79              | 12.25                      | 12.06              | 24.93               | 22.30                 | 21.62              |
| 54        | 16.56               | 14.48                 | 14.26              | 13.64                 | 13.43              | 12.84                      | 12.64              | 26.22               | 23.45                 | 22.74              |
| 55        | 17.46               | 15.20                 | 14.97              | 14.29                 | 14.07              | 13.43                      | 13.22              | 27.52               | 24.60                 | 23.86              |
| 56        | 18.79               | 16.32                 | 16.08              | 15.26                 | 15.03              | 14.27                      | 14.04              | 29.22               | 26.08                 | 25.30              |
| 57        | 20.12               | 17.45                 | 17.18              | 16.23                 | 15.99              | 15.10                      | 14.87              | 30.91               | 27.56                 | 26.73              |
| 58        | 21.46               | 18.57                 | 18.29              | 17.21                 | 16.94              | 15.94                      | 15.69              | 32.61               | 29.04                 | 28.17              |
| 59        | 22.79               | 19.70                 | 19.39              | 18.18                 | 17.90              | 16.77                      | 16.52              | 34.30               | 30.52                 | 29.60              |
| 60        | 24.12               | 20.82                 | 20.50              | 19.15                 | 18.86              | 17.61                      | 17.34              | 36.00               | 32.00                 | 31.04              |

Semi -Annual  
Monthly (COM & Payroll)

0.520  
0.086

Quarterly  
Monthly (Direct)

0.270  
0.100

Horace Mann Life Insurance Company  
 One Horace Mann Plaza  
 Springfield, Illinois 62715

Level Term to Age 95  
 Specified Period = 30 Years  
 Annual Gross Premiums per \$1,000 for the Specified Period  
 Female Educator

| Issue Age | Non-Tobacco         |                       |                    | Preferred Non-Tobacco |                    | Preferred Plus Non-Tobacco |                    | Tobacco             |                       |                    |
|-----------|---------------------|-----------------------|--------------------|-----------------------|--------------------|----------------------------|--------------------|---------------------|-----------------------|--------------------|
|           | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999      | \$250,000 - and up | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up |
| 18        | 2.85                | 2.27                  | 2.23               | 2.21                  | 2.16               | 2.14                       | 2.10               | 4.09                | 3.65                  | 3.54               |
| 19        | 2.85                | 2.27                  | 2.23               | 2.21                  | 2.16               | 2.14                       | 2.10               | 4.09                | 3.65                  | 3.54               |
| 20        | 2.85                | 2.27                  | 2.23               | 2.21                  | 2.16               | 2.14                       | 2.10               | 4.09                | 3.65                  | 3.54               |
| 21        | 2.87                | 2.29                  | 2.24               | 2.23                  | 2.17               | 2.16                       | 2.11               | 4.09                | 3.65                  | 3.54               |
| 22        | 2.89                | 2.31                  | 2.26               | 2.24                  | 2.19               | 2.17                       | 2.12               | 4.09                | 3.65                  | 3.54               |
| 23        | 2.92                | 2.33                  | 2.27               | 2.26                  | 2.20               | 2.19                       | 2.13               | 4.09                | 3.65                  | 3.54               |
| 24        | 2.94                | 2.35                  | 2.29               | 2.27                  | 2.22               | 2.20                       | 2.14               | 4.09                | 3.65                  | 3.54               |
| 25        | 2.96                | 2.37                  | 2.30               | 2.29                  | 2.23               | 2.22                       | 2.15               | 4.09                | 3.65                  | 3.54               |
| 26        | 3.02                | 2.42                  | 2.35               | 2.34                  | 2.28               | 2.27                       | 2.20               | 4.47                | 4.06                  | 3.94               |
| 27        | 3.08                | 2.47                  | 2.40               | 2.39                  | 2.32               | 2.32                       | 2.25               | 4.85                | 4.47                  | 4.34               |
| 28        | 3.15                | 2.51                  | 2.44               | 2.44                  | 2.37               | 2.36                       | 2.29               | 5.24                | 4.89                  | 4.74               |
| 29        | 3.21                | 2.56                  | 2.49               | 2.49                  | 2.41               | 2.41                       | 2.34               | 5.62                | 5.30                  | 5.14               |
| 30        | 3.27                | 2.61                  | 2.54               | 2.54                  | 2.46               | 2.46                       | 2.39               | 6.00                | 5.71                  | 5.54               |
| 31        | 3.44                | 2.82                  | 2.75               | 2.74                  | 2.67               | 2.66                       | 2.59               | 6.51                | 6.19                  | 6.00               |
| 32        | 3.61                | 3.04                  | 2.97               | 2.95                  | 2.88               | 2.86                       | 2.79               | 7.03                | 6.66                  | 6.46               |
| 33        | 3.78                | 3.25                  | 3.18               | 3.15                  | 3.08               | 3.05                       | 2.98               | 7.54                | 7.14                  | 6.93               |
| 34        | 3.95                | 3.47                  | 3.40               | 3.36                  | 3.29               | 3.25                       | 3.18               | 8.06                | 7.61                  | 7.39               |
| 35        | 4.12                | 3.68                  | 3.61               | 3.56                  | 3.50               | 3.45                       | 3.38               | 8.57                | 8.09                  | 7.85               |
| 36        | 4.53                | 4.08                  | 3.99               | 3.93                  | 3.85               | 3.78                       | 3.70               | 9.18                | 8.66                  | 8.44               |
| 37        | 4.94                | 4.48                  | 4.37               | 4.30                  | 4.19               | 4.12                       | 4.01               | 9.79                | 9.22                  | 9.03               |
| 38        | 5.34                | 4.88                  | 4.74               | 4.66                  | 4.54               | 4.45                       | 4.33               | 10.41               | 9.79                  | 9.63               |
| 39        | 5.75                | 5.28                  | 5.12               | 5.03                  | 4.88               | 4.79                       | 4.64               | 11.02               | 10.35                 | 10.22              |
| 40        | 6.16                | 5.68                  | 5.50               | 5.40                  | 5.23               | 5.12                       | 4.96               | 11.63               | 10.92                 | 10.81              |
| 41        | 6.76                | 6.19                  | 6.00               | 5.88                  | 5.70               | 5.58                       | 5.41               | 12.35               | 11.50                 | 11.37              |
| 42        | 7.35                | 6.70                  | 6.50               | 6.36                  | 6.17               | 6.03                       | 5.86               | 13.08               | 12.08                 | 11.93              |
| 43        | 7.95                | 7.21                  | 6.99               | 6.84                  | 6.65               | 6.49                       | 6.30               | 13.80               | 12.65                 | 12.49              |
| 44        | 8.54                | 7.72                  | 7.49               | 7.32                  | 7.12               | 6.94                       | 6.75               | 14.53               | 13.23                 | 13.05              |
| 45        | 9.14                | 8.23                  | 7.99               | 7.80                  | 7.59               | 7.40                       | 7.20               | 15.25               | 13.81                 | 13.61              |
| 46        | 9.75                | 8.76                  | 8.54               | 8.31                  | 8.11               | 7.89                       | 7.70               | 16.24               | 14.67                 | 14.40              |
| 47        | 10.36               | 9.30                  | 9.09               | 8.82                  | 8.64               | 8.38                       | 8.20               | 17.23               | 15.52                 | 15.18              |
| 48        | 10.96               | 9.83                  | 9.64               | 9.34                  | 9.16               | 8.86                       | 8.70               | 18.22               | 16.38                 | 15.97              |
| 49        | 11.57               | 10.37                 | 10.19              | 9.85                  | 9.69               | 9.35                       | 9.20               | 19.21               | 17.23                 | 16.75              |
| 50        | 12.18               | 10.90                 | 10.74              | 10.36                 | 10.21              | 9.84                       | 9.70               | 20.20               | 18.09                 | 17.54              |
| 51        | 13.03               | 11.58                 | 11.41              | 10.97                 | 10.81              | 10.40                      | 10.25              | 21.11               | 18.90                 | 18.33              |
| 52        | 13.87               | 12.26                 | 12.07              | 11.59                 | 11.42              | 10.95                      | 10.79              | 22.03               | 19.71                 | 19.11              |
| 53        | 14.72               | 12.93                 | 12.74              | 12.20                 | 12.02              | 11.51                      | 11.34              | 22.94               | 20.52                 | 19.90              |
| 54        | 15.56               | 13.61                 | 13.40              | 12.82                 | 12.63              | 12.06                      | 11.88              | 23.86               | 21.33                 | 20.68              |
| 55        | 16.41               | 14.29                 | 14.07              | 13.43                 | 13.23              | 12.62                      | 12.43              | 24.77               | 22.14                 | 21.47              |
| 56        | 17.66               | 15.35                 | 15.11              | 14.34                 | 14.13              | 13.41                      | 13.20              | 26.51               | 23.66                 | 22.95              |
| 57        | 18.91               | 16.40                 | 16.15              | 15.26                 | 15.03              | 14.19                      | 13.98              | 28.25               | 25.19                 | 24.43              |
| 58        | 20.17               | 17.46                 | 17.19              | 16.17                 | 15.93              | 14.98                      | 14.75              | 30.00               | 26.71                 | 25.91              |
| 59        | 21.42               | 18.51                 | 18.23              | 17.09                 | 16.83              | 15.76                      | 15.53              | 31.74               | 28.24                 | 27.39              |
| 60        | 22.67               | 19.57                 | 19.27              | 18.00                 | 17.73              | 16.55                      | 16.30              | 33.48               | 29.76                 | 28.87              |

Semi -Annual  
 Monthly (COM & Payroll)

0.520  
 0.086

Quarterly  
 Monthly (Direct)

0.270  
 0.100

Horace Mann Life Insurance Company  
One Horace Mann Plaza  
Springfield, Illinois 62715

Level Term to Age 95  
Specified Period = 30 Years  
Annual Gross Premiums per \$1,000 for the Specified Period  
Male Non-educator

| Issue Age | Non-Tobacco         |                       |                    | Preferred Non-Tobacco |                    | Preferred Plus Non-Tobacco |                    | Tobacco             |                       |                    |
|-----------|---------------------|-----------------------|--------------------|-----------------------|--------------------|----------------------------|--------------------|---------------------|-----------------------|--------------------|
|           | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999      | \$250,000 - and up | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up |
| 18        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 19        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 20        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 21        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 22        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 23        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 24        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 25        | 4.03                | 3.36                  | 3.26               | 3.26                  | 3.19               | 3.16                       | 3.09               | 8.20                | 7.15                  | 6.79               |
| 26        | 4.13                | 3.45                  | 3.35               | 3.33                  | 3.26               | 3.23                       | 3.16               | 8.37                | 7.43                  | 7.09               |
| 27        | 4.23                | 3.55                  | 3.44               | 3.40                  | 3.33               | 3.29                       | 3.22               | 8.54                | 7.71                  | 7.39               |
| 28        | 4.32                | 3.64                  | 3.54               | 3.46                  | 3.39               | 3.36                       | 3.29               | 8.71                | 8.00                  | 7.70               |
| 29        | 4.42                | 3.74                  | 3.63               | 3.53                  | 3.46               | 3.42                       | 3.35               | 8.88                | 8.28                  | 8.00               |
| 30        | 4.52                | 3.83                  | 3.72               | 3.60                  | 3.53               | 3.49                       | 3.42               | 9.05                | 8.56                  | 8.30               |
| 31        | 4.77                | 4.12                  | 4.00               | 3.84                  | 3.77               | 3.72                       | 3.65               | 9.61                | 9.11                  | 8.79               |
| 32        | 5.02                | 4.41                  | 4.28               | 4.07                  | 4.00               | 3.95                       | 3.88               | 10.18               | 9.66                  | 9.28               |
| 33        | 5.26                | 4.70                  | 4.56               | 4.31                  | 4.24               | 4.18                       | 4.11               | 10.74               | 10.20                 | 9.76               |
| 34        | 5.51                | 4.99                  | 4.84               | 4.54                  | 4.47               | 4.41                       | 4.34               | 11.31               | 10.75                 | 10.25              |
| 35        | 5.76                | 5.28                  | 5.12               | 4.78                  | 4.71               | 4.64                       | 4.57               | 11.87               | 11.30                 | 10.74              |
| 36        | 6.33                | 5.85                  | 5.67               | 5.29                  | 5.21               | 5.13                       | 5.05               | 12.69               | 12.02                 | 11.42              |
| 37        | 6.90                | 6.42                  | 6.22               | 5.79                  | 5.70               | 5.62                       | 5.53               | 13.50               | 12.74                 | 12.11              |
| 38        | 7.47                | 6.98                  | 6.78               | 6.30                  | 6.20               | 6.11                       | 6.02               | 14.32               | 13.47                 | 12.79              |
| 39        | 8.04                | 7.55                  | 7.33               | 6.80                  | 6.69               | 6.60                       | 6.50               | 15.13               | 14.19                 | 13.48              |
| 40        | 8.61                | 8.12                  | 7.88               | 7.31                  | 7.19               | 7.09                       | 6.98               | 15.95               | 14.91                 | 14.16              |
| 41        | 9.35                | 8.82                  | 8.51               | 7.94                  | 7.78               | 7.70                       | 7.55               | 17.08               | 15.86                 | 15.06              |
| 42        | 10.10               | 9.52                  | 9.15               | 8.57                  | 8.37               | 8.31                       | 8.12               | 18.21               | 16.80                 | 15.96              |
| 43        | 10.84               | 10.23                 | 9.78               | 9.21                  | 8.97               | 8.93                       | 8.70               | 19.34               | 17.75                 | 16.86              |
| 44        | 11.59               | 10.93                 | 10.42              | 9.84                  | 9.56               | 9.54                       | 9.27               | 20.47               | 18.69                 | 17.76              |
| 45        | 12.33               | 11.63                 | 11.05              | 10.47                 | 10.15              | 10.15                      | 9.84               | 21.60               | 19.64                 | 18.66              |
| 46        | 13.27               | 12.46                 | 11.84              | 11.22                 | 10.82              | 10.82                      | 10.45              | 23.14               | 21.04                 | 19.99              |
| 47        | 14.21               | 13.29                 | 12.63              | 11.96                 | 11.49              | 11.49                      | 11.05              | 24.67               | 22.43                 | 21.31              |
| 48        | 15.16               | 14.12                 | 13.41              | 12.71                 | 12.15              | 12.15                      | 11.66              | 26.21               | 23.83                 | 22.64              |
| 49        | 16.10               | 14.95                 | 14.20              | 13.45                 | 12.82              | 12.82                      | 12.26              | 27.74               | 25.22                 | 23.96              |
| 50        | 17.04               | 15.78                 | 14.99              | 14.20                 | 13.49              | 13.49                      | 12.87              | 29.28               | 26.62                 | 25.29              |
| 51        | 18.41               | 16.97                 | 16.12              | 15.27                 | 14.51              | 14.51                      | 13.82              | 31.43               | 28.44                 | 27.02              |
| 52        | 19.78               | 18.16                 | 17.25              | 16.34                 | 15.52              | 15.52                      | 14.78              | 33.58               | 30.27                 | 28.75              |
| 53        | 21.15               | 19.34                 | 18.37              | 17.41                 | 16.54              | 16.54                      | 15.73              | 35.73               | 32.09                 | 30.49              |
| 54        | 22.52               | 20.53                 | 19.50              | 18.48                 | 17.55              | 17.55                      | 16.69              | 37.88               | 33.92                 | 32.22              |
| 55        | 23.89               | 21.72                 | 20.63              | 19.55                 | 18.57              | 18.57                      | 17.64              | 40.03               | 35.74                 | 33.95              |
| 56        | 25.74               | 23.51                 | 22.33              | 20.98                 | 19.93              | 19.93                      | 18.93              | 42.98               | 37.95                 | 36.05              |
| 57        | 27.58               | 25.30                 | 24.03              | 22.40                 | 21.28              | 21.28                      | 20.22              | 45.93               | 40.17                 | 38.16              |
| 58        | 29.43               | 27.09                 | 25.74              | 23.83                 | 22.64              | 22.64                      | 21.50              | 48.87               | 42.38                 | 40.26              |
| 59        | 31.27               | 28.88                 | 27.44              | 25.25                 | 23.99              | 23.99                      | 22.79              | 51.82               | 44.60                 | 42.37              |
| 60        | 33.12               | 30.67                 | 29.14              | 26.68                 | 25.35              | 25.35                      | 24.08              | 54.77               | 46.81                 | 44.47              |

Semi -Annual  
Monthly (COM & Payroll)

0.520  
0.086

Quarterly  
Monthly (Direct)

0.270  
0.100

Horace Mann Life Insurance Company  
 One Horace Mann Plaza  
 Springfield, Illinois 62715

Level Term to Age 95  
 Specified Period = 30 Years  
 Annual Gross Premiums per \$1,000 for the Specified Period  
 Male Educator

| Issue Age | Non-Tobacco         |                       |                    | Preferred Non-Tobacco |                    | Preferred Plus Non-Tobacco |                    | Tobacco             |                       |                    |
|-----------|---------------------|-----------------------|--------------------|-----------------------|--------------------|----------------------------|--------------------|---------------------|-----------------------|--------------------|
|           | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999 | \$250,000 - and up | \$100,000 - \$249,999      | \$250,000 - and up | \$25,000 - \$99,999 | \$100,000 - \$249,999 | \$250,000 - and up |
| 18        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 19        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 20        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 21        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 22        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 23        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 24        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 25        | 3.79                | 3.16                  | 3.06               | 3.06                  | 3.00               | 2.97                       | 2.90               | 7.71                | 6.72                  | 6.38               |
| 26        | 3.88                | 3.25                  | 3.15               | 3.12                  | 3.06               | 3.03                       | 2.96               | 7.87                | 6.99                  | 6.66               |
| 27        | 3.97                | 3.34                  | 3.24               | 3.19                  | 3.13               | 3.09                       | 3.02               | 8.03                | 7.25                  | 6.95               |
| 28        | 4.07                | 3.42                  | 3.32               | 3.25                  | 3.19               | 3.16                       | 3.09               | 8.19                | 7.52                  | 7.23               |
| 29        | 4.16                | 3.51                  | 3.41               | 3.32                  | 3.26               | 3.22                       | 3.15               | 8.35                | 7.78                  | 7.52               |
| 30        | 4.25                | 3.60                  | 3.50               | 3.38                  | 3.32               | 3.28                       | 3.21               | 8.51                | 8.05                  | 7.80               |
| 31        | 4.48                | 3.87                  | 3.76               | 3.60                  | 3.54               | 3.50                       | 3.43               | 9.04                | 8.56                  | 8.26               |
| 32        | 4.71                | 4.14                  | 4.02               | 3.83                  | 3.76               | 3.71                       | 3.65               | 9.57                | 9.08                  | 8.72               |
| 33        | 4.95                | 4.42                  | 4.29               | 4.05                  | 3.99               | 3.93                       | 3.86               | 10.10               | 9.59                  | 9.18               |
| 34        | 5.18                | 4.69                  | 4.55               | 4.28                  | 4.21               | 4.14                       | 4.08               | 10.63               | 10.11                 | 9.64               |
| 35        | 5.41                | 4.96                  | 4.81               | 4.50                  | 4.43               | 4.36                       | 4.30               | 11.16               | 10.62                 | 10.10              |
| 36        | 5.95                | 5.49                  | 5.33               | 4.97                  | 4.90               | 4.82                       | 4.75               | 11.93               | 11.30                 | 10.74              |
| 37        | 6.48                | 6.03                  | 5.85               | 5.45                  | 5.36               | 5.28                       | 5.20               | 12.69               | 11.98                 | 11.38              |
| 38        | 7.02                | 6.56                  | 6.36               | 5.92                  | 5.83               | 5.74                       | 5.66               | 13.46               | 12.66                 | 12.03              |
| 39        | 7.55                | 7.10                  | 6.88               | 6.40                  | 6.29               | 6.20                       | 6.11               | 14.22               | 13.34                 | 12.67              |
| 40        | 8.09                | 7.63                  | 7.40               | 6.87                  | 6.76               | 6.66                       | 6.56               | 14.99               | 14.02                 | 13.31              |
| 41        | 8.79                | 8.29                  | 8.00               | 7.46                  | 7.32               | 7.24                       | 7.10               | 16.05               | 14.91                 | 14.16              |
| 42        | 9.49                | 8.95                  | 8.60               | 8.06                  | 7.87               | 7.81                       | 7.64               | 17.11               | 15.80                 | 15.00              |
| 43        | 10.19               | 9.61                  | 9.19               | 8.65                  | 8.43               | 8.39                       | 8.17               | 18.18               | 16.68                 | 15.85              |
| 44        | 10.89               | 10.27                 | 9.79               | 9.25                  | 8.98               | 8.96                       | 8.71               | 19.24               | 17.57                 | 16.69              |
| 45        | 11.59               | 10.93                 | 10.39              | 9.84                  | 9.54               | 9.54                       | 9.25               | 20.30               | 18.46                 | 17.54              |
| 46        | 12.48               | 11.71                 | 11.13              | 10.54                 | 10.17              | 10.17                      | 9.82               | 21.74               | 19.77                 | 18.79              |
| 47        | 13.36               | 12.49                 | 11.87              | 11.24                 | 10.80              | 10.80                      | 10.39              | 23.19               | 21.08                 | 20.03              |
| 48        | 14.25               | 13.27                 | 12.61              | 11.95                 | 11.42              | 11.42                      | 10.96              | 24.63               | 22.40                 | 21.28              |
| 49        | 15.13               | 14.05                 | 13.35              | 12.65                 | 12.05              | 12.05                      | 11.53              | 26.08               | 23.71                 | 22.52              |
| 50        | 16.02               | 14.83                 | 14.09              | 13.35                 | 12.68              | 12.68                      | 12.10              | 27.52               | 25.02                 | 23.77              |
| 51        | 17.31               | 15.95                 | 15.15              | 14.36                 | 13.64              | 13.64                      | 13.00              | 29.54               | 26.74                 | 25.40              |
| 52        | 18.60               | 17.07                 | 16.21              | 15.36                 | 14.59              | 14.59                      | 13.89              | 31.56               | 28.45                 | 27.03              |
| 53        | 19.88               | 18.18                 | 17.28              | 16.37                 | 15.55              | 15.55                      | 14.79              | 33.59               | 30.17                 | 28.65              |
| 54        | 21.17               | 19.30                 | 18.34              | 17.37                 | 16.50              | 16.50                      | 15.68              | 35.61               | 31.88                 | 30.28              |
| 55        | 22.46               | 20.42                 | 19.40              | 18.38                 | 17.46              | 17.46                      | 16.58              | 37.63               | 33.60                 | 31.91              |
| 56        | 24.19               | 22.10                 | 21.00              | 19.72                 | 18.73              | 18.73                      | 17.79              | 40.40               | 35.68                 | 33.89              |
| 57        | 25.93               | 23.78                 | 22.60              | 21.06                 | 20.01              | 20.01                      | 19.00              | 43.17               | 37.76                 | 35.87              |
| 58        | 27.66               | 25.47                 | 24.19              | 22.40                 | 21.28              | 21.28                      | 20.22              | 45.94               | 39.84                 | 37.84              |
| 59        | 29.40               | 27.15                 | 25.79              | 23.74                 | 22.56              | 22.56                      | 21.43              | 48.71               | 41.92                 | 39.82              |
| 60        | 31.13               | 28.83                 | 27.39              | 25.08                 | 23.83              | 23.83                      | 22.64              | 51.48               | 44.00                 | 41.80              |

Semi -Annual  
 Monthly (COM & Payroll)

0.520  
 0.086

Quarterly  
 Monthly (Direct)

0.270  
 0.100

Horace Mann Life Insurance Company  
One Horace Mann Plaza  
Springfield, Illinois 62715

Level Term to Age 95  
Yearly Renewable Term Premiums per \$1,000 after the Specified Period

| Attained<br>Age | Non-Tobacco |       | Tobacco |       |
|-----------------|-------------|-------|---------|-------|
|                 | Female      | Male  | Female  | Male  |
| 38              | 1.10        | 1.33  | 1.94    | 2.48  |
| 39              | 1.16        | 1.41  | 2.06    | 2.67  |
| 40              | 1.23        | 1.52  | 2.19    | 2.90  |
| 41              | 1.31        | 1.65  | 2.34    | 3.18  |
| 42              | 1.40        | 1.81  | 2.53    | 3.51  |
| 43              | 1.51        | 2.00  | 2.74    | 3.90  |
| 44              | 1.64        | 2.21  | 2.99    | 4.34  |
| 45              | 1.79        | 2.44  | 3.28    | 4.78  |
| 46              | 1.97        | 2.67  | 3.62    | 5.22  |
| 47              | 2.18        | 2.86  | 4.04    | 5.59  |
| 48              | 2.41        | 3.01  | 4.54    | 5.87  |
| 49              | 2.67        | 3.20  | 5.10    | 6.23  |
| 50              | 2.96        | 3.45  | 5.70    | 6.70  |
| 51              | 3.29        | 3.77  | 6.36    | 7.31  |
| 52              | 3.66        | 4.16  | 7.07    | 8.05  |
| 53              | 4.05        | 4.61  | 7.84    | 8.94  |
| 54              | 4.46        | 5.18  | 8.66    | 10.00 |
| 55              | 4.93        | 5.82  | 9.53    | 11.13 |
| 56              | 5.44        | 6.48  | 10.46   | 12.30 |
| 57              | 5.98        | 7.12  | 11.40   | 13.38 |
| 58              | 6.54        | 7.76  | 12.38   | 14.41 |
| 59              | 7.11        | 8.51  | 13.43   | 15.62 |
| 60              | 7.71        | 9.42  | 14.52   | 17.11 |
| 61              | 8.37        | 10.53 | 15.70   | 18.93 |
| 62              | 9.07        | 11.82 | 16.95   | 21.02 |
| 63              | 9.81        | 13.23 | 18.23   | 23.26 |
| 64              | 10.62       | 14.70 | 19.61   | 25.50 |
| 65              | 11.52       | 16.23 | 21.10   | 27.69 |
| 66              | 12.50       | 17.78 | 22.72   | 29.81 |

| Attained<br>Age | Non-Tobacco |        | Tobacco |        |
|-----------------|-------------|--------|---------|--------|
|                 | Female      | Male   | Female  | Male   |
| 67              | 13.59       | 19.40  | 24.52   | 31.95  |
| 68              | 14.80       | 21.11  | 26.49   | 34.14  |
| 69              | 16.12       | 23.03  | 28.66   | 36.55  |
| 70              | 17.61       | 25.27  | 31.11   | 39.31  |
| 71              | 19.31       | 27.99  | 33.85   | 42.70  |
| 72              | 21.17       | 31.17  | 36.83   | 46.64  |
| 73              | 23.20       | 34.52  | 40.08   | 50.61  |
| 74              | 25.45       | 38.12  | 43.48   | 54.91  |
| 75              | 27.92       | 42.04  | 47.05   | 59.69  |
| 76              | 30.63       | 46.46  | 50.91   | 64.99  |
| 77              | 33.63       | 51.60  | 55.07   | 71.12  |
| 78              | 36.90       | 57.57  | 59.56   | 78.15  |
| 79              | 40.49       | 64.26  | 64.39   | 85.89  |
| 80              | 44.95       | 71.72  | 70.41   | 94.35  |
| 81              | 50.43       | 79.83  | 77.77   | 103.34 |
| 82              | 56.23       | 88.42  | 85.35   | 112.59 |
| 83              | 62.32       | 97.80  | 93.09   | 122.45 |
| 84              | 69.11       | 108.23 | 101.15  | 133.60 |
| 85              | 75.99       | 119.83 | 108.60  | 146.24 |
| 86              | 84.12       | 132.59 | 117.21  | 159.95 |
| 87              | 94.16       | 146.38 | 127.89  | 174.52 |
| 88              | 104.75      | 161.04 | 138.58  | 189.71 |
| 89              | 115.29      | 176.42 | 148.36  | 205.33 |
| 90              | 123.05      | 191.74 | 153.92  | 220.42 |
| 91              | 130.47      | 206.82 | 158.48  | 234.78 |
| 92              | 142.77      | 222.62 | 168.33  | 249.52 |
| 93              | 159.44      | 239.28 | 182.27  | 264.76 |
| 94              | 180.20      | 256.83 | 201.70  | 281.02 |

Semi -Annual 0.520  
Monthly (COM & Payroll) 0.086

Quarterly 0.270  
Monthly (Direct) 0.100

R-IC-351000

11/6/12

SERFF Tracking #:

HRCN-128688829

State Tracking #:

Company Tracking #:

IC-351000

State:

Arkansas

Filing Company:

Horace Mann Life Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name:

Cash value term life insurance

Project Name/Number:

/

## Supporting Document Schedules

|  |                      | Item Status: | Status Date: |
|--|----------------------|--------------|--------------|
| Satisfied - Item:  | Flesch Certification |              |              |
| Comments:  |                      |              |              |
| Attachment(s):   |                      |              |              |
| IC-351000 Readability Certification.pdf                                    |                      |              |              |
| Base Non-compact Application & Related Forms Readability Certification.pdf |                      |              |              |

|   |                          | Item Status: | Status Date: |
|---|--------------------------|--------------|--------------|
| Satisfied - Item:   | Statement of variability |              |              |
| Comments:   |                          |              |              |
| Attachment(s):  |                          |              |              |
| 351SOV Statement of variability.pdf                           |                          |              |              |
| Base Non-compact APPSOV Statement of variability 11-12-12.pdf |                          |              |              |

|   |                 | Item Status: | Status Date: |
|---|-----------------|--------------|--------------|
| Satisfied - Item:                           | Cost Disclosure |              |              |
| Comments:                                   |                 |              |              |
| Attachment(s):                              |                 |              |              |
| 351 Cost Disclosure - Standard 01162013.pdf |                 |              |              |

|                   |                             | Item Status: | Status Date: |
|-------------------|-----------------------------|--------------|--------------|
| Satisfied - Item: | Guaranty Association Notice |              |              |
| Comments:         |                             |              |              |
| Attachment(s):    |                             |              |              |
| IL-M513AR.pdf     |                             |              |              |

|                   |               | Item Status: | Status Date: |
|-------------------|---------------|--------------|--------------|
| Satisfied - Item: | Certification |              |              |

**SERFF Tracking #:**

HRCN-128688829

**State Tracking #:**

**Company Tracking #:**

IC-351000

**State:**

Arkansas

**Filing Company:**

Horace Mann Life Insurance Company

**TOI/Sub-TOI:**

L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

**Product Name:**

Cash value term life insurance

**Project Name/Number:**

/

Comments:

Attachment(s):

Arkansas Certification.pdf

A. Option Selected

1. Application and its related policy forms are scored for the Flesch reading ease test as one unit and the combined score is \_\_\_\_\_.
2. Policy and its related forms are scored separately for the Flesch reading ease test. Score for the policy and each form are indicated below.

Forms and Form Numbers to which Certification is Applicable:

| <u>Form</u>   | <u>Form Number</u> | <u>Flesch Score</u> |
|---|--------------------|---------------------|
| Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost | IC-351000          | 50.01               |

B. Test option selected

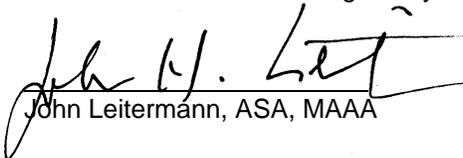
1. Test was applied to entire policy form(s).
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standard for Certification

A checked block indicates the standard has been achieved.

1. The policy text achieves a higher than the minimum score as required by state regulations on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

This certification must be signed by an officer of the insurer.

  
John Leitermann, ASA, MAAA

Vice President  
Officer's Title

A. Option Selected

1. Application and its related policy forms are scored for the Flesch reading ease test as one unit and the combined score is 50.178.
2. Policy and its related forms are scored separately for the Flesch reading ease test. Score for the policy and each form are indicated below.

Forms and Form Numbers to which Certification is Applicable:

| <u>Form</u> | <u>Form Number</u>  |
|-------------|---|
| IL-L25200   | Application for individual life insurance                   |
| IL-L25300   | Children's Term Insurance Supplement                        |
| IL-L37500   | Supplement to application – foreign residence questionnaire |
| IL-L39000   | Supplement to application – financial questionnaire         |
| IL-L39100   | Supplement to application – additional information          |
| IL-L38600   | Agent/Producer report                                       |
| IL-L38700   | Consumer privacy notice                                     |

B. Test option selected

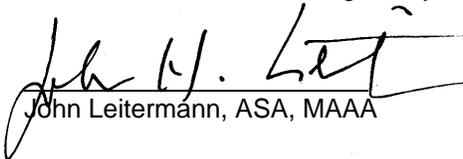
1. Test was applied to entire policy form(s).
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standard for Certification

A checked block indicates the standard has been achieved.

1. The policy text achieves a higher than the minimum score as required by state regulations on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

This certification must be signed by an officer of the insurer.

  
John Leitermann, ASA, MAAA

Vice President  
Officer's Title

**HORACE MANN LIFE INSURANCE COMPANY  
1 HORACE MANN PLAZA  
SPRINGFIELD, ILLINOIS 62715**

**Statement of Variability  
Level Term Life Insurance to Age 95, Annually Renewable  
Following the Specified Period, Guaranteed Cost**

The following fields are identified as variable text. We would like the ability to modify these fields when changes are required.

**Policy face page**

The company address, phone number, web address and officer signatures are bracketed on the cover page. These items will be updated as needed.

**Policy Data page 2(1)**

**Policy Number, Policy Date, Date of Issue, Insured, Age of Insured as of Policy Date, Gender Class of Insured, Policy Data page prepared as of, Premium Payment Options, Initial Premium and Due Date**

These fields represent items that are specific for each owner's contract. As such these fields will vary for each contract issued.

**Insurance Amount**

This field will vary according to the insurance amount chosen by the owner. The range for this field is a minimum of \$25,000 and the maximum is unlimited. For West Virginia, the minimum amount will be \$30,000.

**Specified Period**

This field will vary depending on the term period chosen by the owner at the time of issue. The term periods available are 20 years and 30 years.

**State Insurance Department and Telephone Number**

The name and telephone number of the insurance department where the policy is issued will print in these fields.

**Policy Data page 2(2)**

**Insured, Policy Number, Policy Data page prepared as of, Coverage Effective Date, Final Expiry Date, Guaranteed Annual Premium During Specified Period**

These fields represent items that are specific for each owner's contract. As such these fields will vary for each contract issued.

**Specified Period**

This field will vary depending on the term period chosen by the owner at the time of issue. The term periods available are 20 years and 30 years.

**Insurance Amount**

This field will vary according to the insurance amount chosen by the owner. The range for this field is a minimum of \$25,000 and the maximum is unlimited. For West Virginia, the minimum amount will be \$30,000.

**Statement of Variability**  
**Level Term Life Insurance to Age 95, Annually Renewable**  
**Following the Specified Period, Guaranteed Cost**

**Premium Class**

This field is variable according to the insured's health status, sex and age.

**Parenthetical Following Premium**

On rated cases, the phrase "and rated premium charge" will print.

**Rated Class Extra Annual Premium**

On rated cases, additional charges may be included on the level life coverage and can be on either a permanent or temporary basis. There may be two Rated Class Extra Annual Premium sections depending on the outcome of the underwriting process.

**Waiver of Premium Benefit Rider when attached to the level term coverage**

This section will print when this rider has been purchased to cover premiums on the level term coverage. The following fields will contain information specific to what has been purchased: Insurance Amount, Coverage Effective Date, Issue Date, Coverage Period, Years Payable, and Amount.

**Premium Class**

This field is variable according to the insured's health status, sex and age.

**Parenthetical Following Premium and Rated Class Extra Annual Premium section**

On rated cases, the phrase "Includes rated premium charge" and the "Rated Class Extra Annual Premium" section will print.

**Policy Data page 2(3)**

**Insured, Policy Number, Policy Data page prepared as of**

These fields represent items that are specific for each owner's contract. As such these fields will vary for each contract issued.

**Childrens Term Insurance**

This section will print only when this rider is purchased to be included on the policy. The following fields will contain information specific to the rider purchased: Benefit Amount, Coverage Effective Date, Issue Date, Coverage Period, Years Payable, and Amount.

**Premium Class**

This field is variable according to the children's health status.

**Waiver of Premium Benefit Rider when attached to the Childrens Term Insurance**

This section will print when this rider has been purchased to cover premiums on the childrens term insurance. The following fields will contain information specific to what has been purchased: Benefit Amount, Coverage Effective Date, Issue Date, Coverage Period, Years Payable, and Amount.

**Premium Class**

This field is variable according to the insured's health status, sex and age.

**Parenthetical Following Premium and Rated Class Extra Annual Premium section**

On rated cases, the phrase "Includes rated premium charge" and the "Rated Class Extra Annual Premium" section will print.

**Statement of Variability  
Level Term Life Insurance to Age 95, Annually Renewable  
Following the Specified Period, Guaranteed Cost**

**Table of Guaranteed Values, Page 3**

**Insured, Policy Number, Date Prepared, Insurance Amount, Coverage Effective as of, Attained Age, Policy year-end, Cash Values and Reduced paid-up term life insurance**

These fields represent items that are specific for each owner's contract. As such these fields will vary for each contract issued.

**Specified Period**

This field will vary depending on the term period chosen by the owner at the time of issue. The term periods available are 20 years and 30 years.

**Insurance Amount**

This field will vary according to the insurance amount chosen by the owner. The range for this field is a minimum of \$25,000 and the maximum is unlimited. For West Virginia, the minimum amount will be \$30,000.

**Class**

This field is variable according to the insured's health status, sex and age.

**Table of Guaranteed Annual Premiums, Pages 3(1) & 3(2)**

**Insured, Policy Number, Date Prepared, Coverage effective as of, Attained Age, Policy Year, and Guaranteed Annual Premiums**

These fields represent items that are specific for each owner's contract. As such these fields will vary for each contract issued.

**Specified Period**

This field will vary depending on the term period chosen by the owner at the time of issue. The term periods available are 20 years and 30 years.

**Insurance Amount**

This field will vary according to the insurance amount chosen by the owner. The range for this field is a minimum of \$25,000 and the maximum is unlimited. For West Virginia, the minimum amount will be \$30,000.

**Class**

This field is variable according to the insured's health status, sex and age.

**Cost Disclosure**

**Insured, Policy Number, Date Prepared, Effective Date, Guaranteed Annual Premium, Guaranteed Surrender Value, Terminates date, Surrender Cost Index, and Net Payment Cost Index**

These fields represent items that are specific for each owner's contract. As such these fields will vary for each contract issued.

**Statement of Variability**  
**Level Term Life Insurance to Age 95, Annually Renewable**  
**Following the Specified Period, Guaranteed Cost**

**Specified Period**

This field will vary depending on the term period chosen by the owner at the time of issue. The term periods available are 20 years and 30 years.

**Class**

This field is variable according to the insured's health status, sex and age.

**Guaranteed Death Benefit**

This field will vary according to the insurance amount chosen by the owner. The range for this field is a minimum of \$25,000 and the maximum is unlimited. For West Virginia, the minimum amount will be \$30,000.

**Optional Benefits Included:**

This section will print when the waiver of premium rider has been purchased to cover premiums on the level term coverage. Annual Premium and Coverage Expires will contain information specific to what has been purchased. If the coverage is rated, the phrase "(Includes rate premium charge)" will print directly behind the premium amount.

**Footnote \*1\***

This variable will only appear when the insured's coverage is issued as rated.

**Agent**

The name and address of the agent that sold the policy will be printed in this section.

**HORACE MANN LIFE INSURANCE COMPANY  
1 HORACE MANN PLAZA  
SPRINGFIELD, ILLINOIS 62715**

**Statement of Variability  
Application and related forms**

The following fields are identified as variable text. We would like the ability to modify these fields when changes are required.

**Form IL-L25200**

**Company information**

The company's address and phone number are variable to allow for updating as needed.

**Coverage selection**

Our product section is variable to allow us the flexibility to add or remove products as needed.

**Payment information**

Our payment information section is variable to allow us to add or remove any payment options as needed.

**Pages 5C through 5F**

If there is no coverage being requested for Proposed Insured 2, these pages will not print in the electronic version. For the paper version, the agent will discard these pages as needed.

**Electronic signature agreement**

Our electronic signature agreement is variable so that when this form is completed paper format, the entire electronic signature agreement section will be deleted.

**Scanning Code/Policy #**

The scanning code is variable to allow for changes as required by our scanning operations. The policy # will be unique to each applicant.

**Fraud Notice**

The fraud notice is variable to accommodate alternate state fraud notice when required. If necessary, we will incorporate state regulation changes regarding fraud notice text in this section.

**Forms IL-L25300; IL-L37500; IL-L39000; IL-L39100**

**Company information on all forms**

The company's address and phone number are variable to allow for updating as needed.

**Scanning Code/Policy #**

The scanning code is variable to allow for changes as required by our scanning operations. The policy # will be unique to each applicant.

**Form IL-L38600**

**Scanning Code/Policy #**

The scanning code is variable to allow for changes as required by our scanning operations. The policy # will be unique to each applicant.

**Statement of Variability  
Level Term Life Insurance to Age 95, Annually Renewable  
Following the Specified Period, Guaranteed Cost**

**Form IL-L38700**

**Company information on all forms**

The company's address and phone number are variable to allow for updating as needed.

**MIB, Inc. contact information**

The contact information for MIB, Inc. is variable to accommodate any changes to the company contact information the future.

Horace Mann Life Insurance Company  
 1 Horace Mann Plaza  
 Springfield, Illinois 62715-0001

COST DISCLOSURE  
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Insured: [John Doe]  
 Policy Number: [00 0000000 0]  
 Date Prepared: [08-01-2012]  
 Coverage: Level Term Life Insurance to Age 95,  
 Annually Renewable Following the  
 Specified Period, Guaranteed Cost  
 Specified Period: [20] Years  
 Effective Date: [08-01-2012]  
 Class: [Standard (Nontobacco), male, age 35]  
 Policy Fee: \$50 annual fee

| Policy Year | Guaranteed Annual Premium*31* | Guaranteed Death Benefit | Guaranteed Surrender Value |
|-------------|-------------------------------|--------------------------|----------------------------|
| 1           | [\$ 179.50                    | \$ 25,000.00             | \$ 0.00                    |
| 2           | 179.50                        | 25,000.00                | 0.00                       |
| 3           | 179.50                        | 25,000.00                | 0.00                       |
| 4           | 179.50                        | 25,000.00                | 50.00                      |
| 5           | 179.50                        | 25,000.00                | 146.75                     |
| 10          | 179.50                        | 25,000.00                | 762.00                     |
| 15          | 179.50                        | 25,000.00                | 1542.00                    |
| 20          | 179.50                        | 25,000.00                | 2545.00]                   |
| [AGE]       |                               |                          |                            |
| [60         | 285.50                        | 25,000.00                | 2545.00]                   |
| [62         | 345.50                        | 25,000.00                | 2545.00]                   |
| [65         | 455.75                        | 25,000.00                | 2545.00]                   |

Term dates: [08-01-2072] (Final Expiry Date)

Based on Guaranteed Annual Premium

| Policy Year | Surrender Cost Index | Net Payment Cost Index |
|-------------|----------------------|------------------------|
| 10          | [\$ 4.87*1*]         | [\$ 7.18*1*]           |
| 20          | [4.25*1*]            | [7.18*1*]              |

NOTE: An explanation of the intended uses of these indexes is provided in the Life Insurance Buyer's Guide. These indexes include the Policy Fee. These indexes are useful only for the comparison of the relative costs of two or more similar policies.

Insured: [John Doe]  
Policy Number: [00 0000000 0]  
Date Prepared: [08-01-2012]  
Coverage: Level Term Life Insurance to Age 95,  
Annually Renewable Following the  
Specified Period, Guaranteed Cost  
Specified Period: [20] Years  
Effective Date: [08-01-2012]  
Class: [Standard (Nontobacco), male, age 35]  
Policy Fee: \$50 annual fee

[Optional Benefits Included:]

[Benefit: Waiver of Premium Benefit Rider  
Annual Premium: \$8.00  
Coverage Expires: 08-01-2037  
Death benefits are not applicable to this rider's coverage.]

\*31\* The policy fee is not included in the premiums.

Agent: [Joe Agent]  
[123 Main Street]  
[Anytown, US 12345]

**LIMITATIONS AND EXCLUSIONS UNDER THE  
ARKANSAS LIFE AND HEALTH INSURANCE  
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

**DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”) may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
C/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201  
  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act (“Act”). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

**COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## **EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

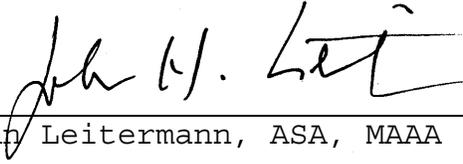
## **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 — no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values — again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

HORACE MANN LIFE INSURANCE COMPANY  
1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715

CERTIFICATION

I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance Regulation 19 as well as with the applicable statutes, regulations and bulletins of the state of Arkansas.



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John Leitermann, ASA, MAAA

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November 27, 2012

Date

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date | Schedule Item Status   | Schedule | Schedule Item Name  | Replacement Creation Date | Attached Document(s)  |
|---------------|------------------------|----------|---|---------------------------|---|
| 11/20/2012    | Replaced<br>11/29/2012 | Form     | Children's Term Insurance Supplement  | 11/20/2012                | IL-L25300 Children's Supplement<br>11-20-12 John Doe.pdf<br>(Superseded)                      |
| 11/13/2012    | Replaced<br>01/18/2013 | Form     | Level Term Life Insurance to Age 95,<br>Annually Renewable Following the Specified<br>Period, Guaranteed Cost | 01/16/2013                | IC-351000 11-12-12.pdf<br>(Superseded)  |
| 11/12/2012    | Replaced<br>01/18/2013 | Form     | Application for individual life insurance   | 01/16/2013                | IL-L25200 Individual Life Application<br>11-12-2012 - John Doe.pdf<br>(Superseded)            |
| 11/08/2012    | Replaced<br>11/29/2012 | Form     | Level Term Life Insurance to Age 95,<br>Annually Renewable Following the Specified<br>Period, Guaranteed Cost | 11/13/2012                | IC-351000.pdf (Superseded)  |
| 11/08/2012    | Replaced<br>11/29/2012 | Form     | Application for individual life insurance   | 11/12/2012                | IL-L25200 Individual Life Application<br>11-07-2012 - John Doe.pdf<br>(Superseded)            |
| 11/08/2012    | Replaced<br>11/29/2012 | Form     | Children's Term Insurance Supplement  | 11/20/2012                | IL-L25300 Children's Supplement<br>11-07-12 - John Doe.pdf<br>(Superseded)                    |
| 11/08/2012    | Replaced<br>11/29/2012 | Form     | Supplement to application - foreign<br>travel/residence questionnaire   | 11/21/2012                | IL-L37500 Foreign travel residence<br>questionnaire 11-08-2012 - John<br>Doe.pdf (Superseded) |

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** Cash value term life insurance  
**Project Name/Number:** /

| Creation Date | Schedule Item Status   | Schedule               | Schedule Item Name       | Replacement Creation Date | Attached Document(s)   |
|---------------|------------------------|------------------------|--------------------------|---------------------------|--|
| 11/08/2012    | Replaced<br>12/13/2012 | Form                   | Agent/Producer report    | 12/12/2012                | IL-L38600 Agent-Producer report<br>11-07-12 - John Doe.pdf<br>(Superseded)                                     |
| 11/08/2012    | Replaced<br>01/18/2013 | Supporting<br>Document | Cost Disclosure          | 01/16/2013                | 351 Cost Disclosure - Standard.pdf<br>(Superseded)   |
| 11/08/2012    | Replaced<br>11/29/2012 | Supporting<br>Document | Statement of variability | 11/12/2012                | 351SOV Statement of variability.pdf<br>Base Non-compact APPSOV<br>Statement of variability.pdf<br>(Superseded) |

**Horace Mann Life Insurance Company**

[A Stock Company  
1 Horace Mann Plaza  
Springfield, Illinois 62715-0001  
800-999-1030]

**Children's Term Insurance Supplement**

**Coverage Information – Application for the addition of Children's Term Insurance Rider to:**

The application dated 11/05/2012 for life insurance on John J. and Jane A. Doe  
Policy # 1234567890 Children's Term Insurance Rider Face Amount \$ 20,000

**Child/Children Proposed for Insurance**

Give information on all unmarried children of the Proposed Insured(s) (including biological and adopted children, step-children or children for whom the Proposed Insured(s) have permanent legal guardianship), who are at least 15 days old and have not reached their 18<sup>th</sup> birthday.

| Name             | Date of birth | Social Security # | Height | Weight |
|------------------|---------------|-------------------|--------|--------|
| John J. Doe, Jr. | 06/08/2005    | 555-55-5555       | 3' 11" | 50     |
| Sally A. Doe     | 04/25/2009    | 777-77-7777       | 2' 9"  | 30     |
|                  |               |                   |        |        |
|                  |               |                   |        |        |
|                  |               |                   |        |        |
|                  |               |                   |        |        |
|                  |               |                   |        |        |

**Beneficiary information**

The Proposed Owner(s) will be the beneficiary(ies) of the Children's Term Insurance Rider unless otherwise designated below.

1.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if beneficiary is irrevocable.

Name/Trustee name  
Last Doe | First John | MI

Address 123 Main Street

City Anytown | STIL | ZIP 12345

Relationship Father

Birth date/Trust date 01/01/1967

Social Security #/TIN # 222-22-2222

Benefit Percentage 50%

2.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if beneficiary is irrevocable.

Name/Trustee name  
Last Doe | First Jane | MI

Address 123 Main Street

City Anytown | STIL | ZIP 12345

Relationship Mother

Birth date/Trust date 05/05/1967

Social Security #/TIN # 444-44-4444

Benefit Percentage 50%

**Life insurance in force**

1. Has any child proposed for insurance ever applied for life, health or disability insurance and been declined or postponed for such insurance, or charged an increased premium for such insurance?  Yes  No

If Yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does any child proposed for insurance have any applications pending with any other life insurance company now? (If yes, complete details below.)  Yes  No

| Child's name | Company name | Policy/contract #, if applicable | Amount |
|--------------|--------------|----------------------------------|--------|
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |

3. List all insurance in force on any child proposed for insurance. If none, state "NONE". NONE

| Child's name | Company name | Policy/contract #, if known | Year issued | Amount | Replacing?  |
|--------------|--------------|-----------------------------|-------------|--------|---|
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|              |              |                             |             |        | <input type="checkbox"/> Y <input type="checkbox"/> N |

**Medical information (If any answer is Yes, please provide details below.)**

1. Has any child proposed for insurance:
- a. had treatment or advice from a doctor within the last 3 years?  Yes  No
  - b. been a patient in a hospital, clinic or emergency room within the last 3 years?  Yes  No
  - c. had rheumatic fever, heart murmur or asthma?  Yes  No
  - d. had a birth defect or impairment of sight, hearing or speech?  Yes  No
  - e. had depression, anxiety, chronic fatigue, ADHD, stress, or other mental or nervous disorder?  Yes  No
2. Does any child proposed for insurance have any other medical impairments other than listed above?  Yes  No

For each Yes answer to questions 1 and 2 above, give the question number, the name(s) of the person(s) affected, and full details. Also include conditions, dates, duration, treatments, results, and names/addresses/phone numbers of physicians and medical facilities.

| No. | Name of Person Affected | Details   |
|-----|-------------------------|---|
| 1a  | John J. Doe, Jr.        | 2/3/2012 – Ear infection – received antibiotics. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-777-7777  |
| 1a  | Sally A. Doe            | 1/25/2012 – Ear infection – received antibiotics. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-777-7777<br><br>10/2010 – Immunizations. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-777-7777 |

**Fraud notice**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Authorization**

Each of the undersigned declares and acknowledges that:

The following sources are authorized to disclose medical and non-medical information about any child proposed for coverage to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) any medical practitioner; (3) any hospital, clinic, Veterans Administration, or other health care provider; (4) any insurance company; (5) any consumer reporting agency; and (6) the MIB, Inc. This includes but is not limited to all information as to any medical history, consultations, diagnosis, prognosis, prescriptions, treatments, tests, and any information regarding alcohol or drug abuse.

I understand that the information obtained will be used to determine eligibility for insurance for each child proposed for coverage. Horace Mann Life Insurance Company may release any such information to its reinsurers and the MIB, Inc. To facilitate rapid submission, all such sources are authorized, except the MIB, Inc., to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information. I agree that a photocopy of this authorization is as valid as the original and this authorization shall be valid for 24 months from the date signed. I understand that I or one of my authorized representatives may receive a copy of this authorization by requesting the same from my Horace Mann agent/producer or the Horace Mann home office.

I have received a copy of the consumer privacy notice which: (1) details the methods I must use to exercise my rights to access, correct, and amend any information gathered about any child proposed for coverage which relates to this Children’s Term Insurance Supplement; and (2) includes information about consumer reports and the MIB, Inc. Failure to make this authorization may be a basis for denying coverage on any child proposed for coverage. I understand that I can provide written revocation of this authorization to the Company at any time, except if: (1) the Company has taken action in reliance on the authorization; or (2) the Company is using the authorization in connection with a contestable claim under my policy. Revoking this authorization may be a basis for denying coverage on any child proposed for coverage or for denying benefits.

I have read or have had read to me the completed Children’s Term Insurance Supplement before signing below. All statements and answers in this Supplement are correctly recorded and are full, complete and true. I agree that this Children’s Term Insurance Supplement constitutes a part of my application for insurance. I understand that any false statements or material misrepresentations may be used to reduce or deny a claim and/or may result in a loss of coverage under the policy.

Signed at Anytown, IL (city/state) on 11/05/2012 (date).

\_\_\_\_\_  
Signature of Proposed Owner (1)

\_\_\_\_\_  
Signature of Proposed Owner (2)

\_\_\_\_\_  
Signature of Child 15 or older

\_\_\_\_\_  
Signature of Parent/Guardian of Child under 15 years of age

\_\_\_\_\_  
Signature of Child 15 or older

**To be completed by agent/producer only**

Do you know or have any reason to believe that replacement of insurance or an annuity is involved?  Yes  No  
If replacement is involved, complete and submit required forms or indicate details of transaction below if forms are not required. \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent/Producer (1)

\_\_\_\_\_  
Signature of Agent/Producer (2)

## **Horace Mann Life Insurance Company**

[A Stock Company  
1 Horace Mann Plaza  
Springfield, Illinois 62715-0001  
800-999-1030  
horacemann.com]

### **Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost**

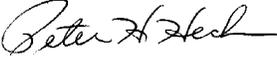
We agree to pay the Insurance Benefits and to provide the other rights and benefits of this policy in accordance with its provisions.

This policy:

- provides level term life insurance on the life of the Insured to the Final Expiry Date;
- has guaranteed premiums for all policy years;
- has premiums that will not increase during the Specified Period;
- is annually Renewable following the Specified Period to the Final Expiry Date;
- is convertible before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier; and
- will develop Cash Value.

This is a nonparticipating policy under which no dividends are paid.

Signed for the Company at Springfield, Illinois on the Date of Issue.

[  ]

President

[  ]

Corporate Secretary

**Right to examine this policy — It is important for You to be satisfied with this policy. We hope that it meets Your insurance goals. If You are not satisfied, You may return the policy to Us or the agent from whom You purchased it within 20 days after it is delivered to You, and We will refund any premiums You have paid. Return of the policy shall void it as if it had never been issued. If this policy was purchased as a replacement of other coverage, the right to examine this policy will be extended to 30 days.**

This policy is a legal contract between the contract owner and Horace Mann Life Insurance Company.

**Read Your contract carefully.**

We are providing a brief outline of some of the important features of Your contract. This outline is not part of the insurance contract. Only the actual contract provisions will control. The contract sets forth, in detail, the rights and obligations of both You and Horace Mann Life Insurance Company.

**It is therefore important that You read Your contract carefully.**

While this **term life insurance** contract is In Force, it provides a level death benefit to the policy anniversary date following the Insured's age 95. Premiums for this contract are guaranteed for all policy years and are payable as shown on the Table of Guaranteed Annual Premiums. Premiums for this contract will not increase during the Specified Period. After the Specified Period, this policy will automatically Renew annually to the Final Expiry Date.

This term life insurance is convertible before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier. This term life insurance will develop Cash Value that may be used to continue the policy as reduced paid-up term life insurance.

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Additional benefit provisions or restrictions, if any, and a copy of the application are attached.

POLICY DATA

Policy Number: [00 0000000 0]  
Policy Date: [08-01-2012]  
Date of Issue: [08-01-2012]  
Insurance Amount: \$[25,000]  
Insured: [John Doe]  
Age of Insured as of Policy Date: [35]  
Gender Class of Insured: [Male]  
Beneficiary: Is as stated in the initial application unless changed later upon request.  
Policy Data page prepared as of: [08-01-2012]  
Specified Period: [20] Years  
Policy Fee: \$50 charged each year throughout the lifetime of the policy.  
Premium Payment Options: \$[270.00] annual  
\$[140.40] semi-annual  
\$[ 72.90] quarterly  
[Quarterly] payment frequency selected  
\$[ 72.90] modal premium payment  
We may offer other premium payment options in addition to those shown above. The annual policy fee is included in the amounts shown for the premium payment options.  
Initial Premium: \$[ 72.90] due on [08-01-2012]  
Annual premiums for the level term coverage are shown on the Table of Guaranteed Annual Premiums. The due dates for subsequent premiums are based on the payment frequency selected. All premiums after the first may be paid to Our Home Office or to one of Our authorized agents. A receipt signed by one of the officers of the Company will be furnished upon request.  
[Illinois Department of Insurance]  
Telephone Number: [217-555-1234]

POLICY DATA (CONTINUED)

Insured: [John Doe]  
Policy Number: [00 0000000 0]  
Policy Data page prepared as of: [08-01-2012]

Benefits

Level Term Life Insurance to Age 95,  
Annually Renewable Following the  
Specified Period, Guaranteed Cost

Specified Period: [20] Years  
Insurance Amount: \$[25,000]  
Coverage Effective Date: [08-01-2012]  
Final Expiry Date: [08-01-2072] (Policy anniversary date following  
the attainment of the Insured's age 95)  
Premium Class: [Standard (Nontobacco), male, age 35]  
Guaranteed Annual Premium  
During the Specified Period: \$[179.50] (Includes \$50 policy fee)

All premiums for this policy are guaranteed.  
Annual premiums for this level term coverage  
for subsequent years are shown on the Table of  
Guaranteed Annual Premiums.

[Waiver of Premium Benefit Rider

Insurance Amount (covered by  
rider): \$25,000  
Coverage Effective Date: 08-01-2012  
Issue Date: 08-01-2012  
Coverage Period: Terminates 08-01-2037  
Premium Class: Standard (Nontobacco), male, age 35  
Annual Premium:  
Years Payable - 25 Years  
Amount - \$8.00]

POLICY DATA (CONTINUED)

Insured: [John Doe]  
Policy Number: [00 0000000 0]  
Policy Data page prepared as of: [08-01-2012]

Benefits

[Childrens Term Insurance -  
Insured Children: As defined  
in the rider

Benefit Amount: \$10,000 On Each Insured Child  
Coverage Effective Date: 08-01-2012  
Issue Date: 08-01-2012  
Coverage Period: Rider terminates 08-01-2039. Each child's  
coverage terminates on the rider anniversary  
date following that child's age 25 or the  
rider termination date shown above, whichever  
is earlier.  
Premium Class: Standard  
Annual Premium:  
Years Payable - 27 Years  
Amount - \$80.00]

[Waiver of Premium Benefit Rider

Benefit Amount (covered by  
rider): \$10,000  
Coverage Effective Date: 08-01-2012  
Issue Date: 08-01-2012  
Coverage Period: Terminates 08-01-2037  
Premium Class: Standard, male, age 35  
Annual Premium:  
Years Payable - 25 Years  
Amount - \$2.50]

TABLE OF GUARANTEED VALUES

Insured: [John Doe]  
 Policy Number: [00 000000 0]  
 Date Prepared: [08-01-2012]  
 Coverage: Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost  
 Specified Period: [20] Years  
 Insurance Amount: \$[25,000]  
 Coverage effective as of: [08-01-2012]  
 Class: [Standard (Nontobacco), male, age 35]

| Attained age | Policy year-end | Cash Values | Reduced paid-up term life insurance |
|--------------|-----------------|-------------|-------------------------------------|
| [36          | 1               | \$0.00      | 0.00                                |
| 37           | 2               | 0.00        | 0.00                                |
| 38           | 3               | 0.00        | 0.00                                |
| 39           | 4               | 39.50       | 200.50                              |
| 40           | 5               | 146.75      | 716.50                              |
| 41           | 6               | 258.75      | 1,215.75                            |
| 42           | 7               | 376.00      | 1,700.25                            |
| 43           | 8               | 498.75      | 2,171.25                            |
| 44           | 9               | 627.25      | 2,629.75                            |
| 45           | 10              | 762.00      | 3,077.75                            |
| 46           | 11              | 903.25      | 3,515.75                            |
| 47           | 12              | 1,051.50    | 3,945.50                            |
| 48           | 13              | 1,207.00    | 4,366.25                            |
| 49           | 14              | 1,370.50    | 4,779.75                            |
| 50           | 15              | 1,542.00    | 5,185.25                            |
| 51           | 16              | 1,722.50    | 5,585.75                            |
| 52           | 17              | 1,912.25    | 5,981.50                            |
| 53           | 18              | 2,112.25    | 6,375.75                            |
| 54           | 19              | 2,322.75    | 6,768.50                            |
| 55           | 20              | 2,545.00    | 7,163.50                            |
| Age 60       | 25              | 2,545.00    | 6,069.75                            |
| Age 62       | 27              | 2,545.00    | 5,700.50                            |
| Age 65       | 30              | 2,545.00    | 5,218.25]                           |

All guaranteed Cash Values and reduced paid-up insurance values shown assume that the premiums are paid to the policy year-end. All of these guaranteed values meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy is delivered. We have given the insurance officials there a detailed statement of how We computed the values and benefits. All guaranteed values are based on the 2001 Commissioners Standard Ordinary Mortality Table. The basis for the Mortality Table is age last birthday, sex distinct, smoker distinct and assumes deaths occur at the end of the policy year. The interest rate used to compute the guaranteed values is 4.50% per year. The adjusted premiums used to determine the guaranteed Cash Values are determined using the nonforfeiture net level premium method assuming a level premium. You may obtain values for all years after 20 years by writing Our Home Office.

TABLE OF GUARANTEED ANNUAL PREMIUMS

Insured: [John Doe]  
 Policy Number: [00 0000000 0]  
 Date Prepared: [08-01-2012]  
 Specified Period: [20] Years  
 Insurance Amount: \$[25,000]  
 Coverage effective as of: [08-01-2012]  
 Class: [Standard (Nontobacco), male, age 35]

| Attained Age | Policy Year | Guaranteed Annual Premiums |
|--------------|-------------|----------------------------|
| [35]         | 1           | \$179.50]                  |
| [36]         | 2           | 179.50]                    |
| [37]         | 3           | 179.50]                    |
| [38]         | 4           | 179.50]                    |
| [39]         | 5           | 179.50]                    |
| [40]         | 6           | 179.50]                    |
| [41]         | 7           | 179.50]                    |
| [42]         | 8           | 179.50]                    |
| [43]         | 9           | 179.50]                    |
| [44]         | 10          | 179.50]                    |
| [45]         | 11          | 179.50]                    |
| [46]         | 12          | 179.50]                    |
| [47]         | 13          | 179.50]                    |
| [48]         | 14          | 179.50]                    |
| [49]         | 15          | 179.50]                    |
| [50]         | 16          | 179.50]                    |
| [51]         | 17          | 179.50]                    |
| [52]         | 18          | 179.50]                    |
| [53]         | 19          | 179.50]                    |
| [54]         | 20          | 179.50]                    |
| [55]         | 21          | 195.50]                    |
| [56]         | 22          | 212.00]                    |
| [57]         | 23          | 228.00]                    |
| [58]         | 24          | 244.00]                    |
| [59]         | 25          | 262.75]                    |
| [60]         | 26          | 285.50]                    |
| [61]         | 27          | 313.25]                    |
| [62]         | 28          | 345.50]                    |
| [63]         | 29          | 380.75]                    |
| [64]         | 30          | 417.50]                    |
| [65]         | 31          | 455.75]                    |
| [66]         | 32          | 494.50]                    |
| [67]         | 33          | 535.00]                    |
| [68]         | 34          | 577.75]                    |
| [69]         | 35          | 625.75]                    |
| [70]         | 36          | 681.75]                    |
| [71]         | 37          | 749.75]                    |
| [72]         | 38          | 829.25]                    |
| [73]         | 39          | 913.00]                    |
| [74]         | 40          | 1,003.00]                  |

All premiums for this policy are guaranteed. The above table shows the guaranteed annual premiums for the level term life insurance. The policy fee and any applicable rated class extra premiums for the level term life insurance are included in the premiums above.

TABLE OF GUARANTEED ANNUAL PREMIUMS (CONTINUED)

Insured: [John Doe]  
 Policy Number: [00 0000000 0]  
 Date Prepared: [08-01-2012]  
 Specified Period: [20] Years  
 Insurance Amount: \$[25,000]  
 Coverage effective as of: [08-01-2012]  
 Class: [Standard (Nontobacco), male, age 35]

| Attained Age | Policy Year | Guaranteed Annual Premiums |
|--------------|-------------|----------------------------|
| [75]         | 41          | \$1,101.00]                |
| [76]         | 42          | 1,211.50]                  |
| [77]         | 43          | 1,340.00]                  |
| [78]         | 44          | 1,489.25]                  |
| [79]         | 45          | 1,656.50]                  |
| [80]         | 46          | 1,843.00]                  |
| [81]         | 47          | 2,045.75]                  |
| [82]         | 48          | 2,260.50]                  |
| [83]         | 49          | 2,495.00]                  |
| [84]         | 50          | 2,755.75]                  |
| [85]         | 51          | 3,045.75]                  |
| [86]         | 52          | 3,364.75]                  |
| [87]         | 53          | 3,709.50]                  |
| [88]         | 54          | 4,076.00]                  |
| [89]         | 55          | 4,460.50]                  |
| [90]         | 56          | 4,843.50]                  |
| [91]         | 57          | 5,220.50]                  |
| [92]         | 58          | 5,615.50]                  |
| [93]         | 59          | 6,032.00]                  |
| [94]         | 60          | 6,470.75]                  |

All premiums for this policy are guaranteed. The above table shows the guaranteed annual premiums for the level term life insurance. The policy fee and any applicable rated class extra premiums for the level term life insurance are included in the premiums above.

Equal monthly income payments for each \$1,000 of Insurance Benefits or Cash Value

| <b>Option A and B Tables</b> |  |        |          |        |          |        |          |        |                                    |                     |
|------------------------------|--|--------|----------|--------|----------|--------|----------|--------|------------------------------------|---------------------|
| Age of Payee                 | Life income with payments guaranteed for Life only, 10, 15 or 20 years |        |          |        |          |        |          |        | Income payments for a Fixed Period |                     |
|                              | Life Only  |        | 10 Years |        | 15 Years |        | 20 Years |        | Number of Years in Fixed Period    | Fixed Period Income |
|                              | Male   | Female | Male     | Female | Male     | Female | Male     | Female |                                    |                     |
| 50                           | 3.02   | 2.78   | 3.00     | 2.77   | 2.97     | 2.75   | 2.92     | 2.73   | 10                                 | 8.75                |
| 51                           | 3.09   | 2.84   | 3.07     | 2.83   | 3.04     | 2.81   | 2.98     | 2.78   | 11                                 | 7.99                |
| 52                           | 3.17   | 2.90   | 3.14     | 2.89   | 3.10     | 2.87   | 3.04     | 2.84   | 12                                 | 7.36                |
| 53                           | 3.25   | 2.97   | 3.22     | 2.96   | 3.18     | 2.94   | 3.11     | 2.90   | 13                                 | 6.83                |
| 54                           | 3.33   | 3.04   | 3.30     | 3.03   | 3.25     | 3.00   | 3.17     | 2.96   | 14                                 | 6.37                |
| 55                           | 3.42   | 3.12   | 3.38     | 3.10   | 3.33     | 3.07   | 3.24     | 3.02   | 15                                 | 5.98                |
| 56                           | 3.51   | 3.20   | 3.47     | 3.18   | 3.41     | 3.15   | 3.30     | 3.09   | 16                                 | 5.63                |
| 57                           | 3.61   | 3.29   | 3.56     | 3.26   | 3.49     | 3.22   | 3.37     | 3.16   | 17                                 | 5.33                |
| 58                           | 3.72   | 3.38   | 3.66     | 3.35   | 3.58     | 3.30   | 3.44     | 3.23   | 18                                 | 5.05                |
| 59                           | 3.83   | 3.47   | 3.76     | 3.44   | 3.67     | 3.39   | 3.51     | 3.30   | 19                                 | 4.81                |
| 60                           | 3.95   | 3.57   | 3.87     | 3.53   | 3.76     | 3.47   | 3.59     | 3.37   | 20                                 | 4.59                |
| 61                           | 4.07   | 3.68   | 3.99     | 3.63   | 3.86     | 3.57   | 3.66     | 3.45   | 21                                 | 4.40                |
| 62                           | 4.21   | 3.79   | 4.11     | 3.74   | 3.96     | 3.66   | 3.73     | 3.53   | 22                                 | 4.22                |
| 63                           | 4.35   | 3.91   | 4.23     | 3.85   | 4.06     | 3.76   | 3.80     | 3.60   | 23                                 | 4.05                |
| 64                           | 4.50   | 4.04   | 4.36     | 3.97   | 4.16     | 3.86   | 3.87     | 3.68   | 24                                 | 3.90                |
| 65                           | 4.67   | 4.18   | 4.50     | 4.10   | 4.27     | 3.97   | 3.94     | 3.76   | 25                                 | 3.76                |
| 66                           | 4.84   | 4.32   | 4.65     | 4.23   | 4.38     | 4.08   | 4.00     | 3.84   | 26                                 | 3.64                |
| 67                           | 5.02   | 4.48   | 4.80     | 4.37   | 4.48     | 4.19   | 4.07     | 3.91   | 27                                 | 3.52                |
| 68                           | 5.22   | 4.65   | 4.95     | 4.51   | 4.59     | 4.31   | 4.13     | 3.99   | 28                                 | 3.41                |
| 69                           | 5.43   | 4.83   | 5.11     | 4.67   | 4.70     | 4.42   | 4.18     | 4.06   | 29                                 | 3.31                |
| 70                           | 5.66   | 5.03   | 5.28     | 4.83   | 4.81     | 4.54   | 4.24     | 4.13   | 30                                 | 3.21                |
| 71                           | 5.90   | 5.24   | 5.45     | 5.00   | 4.91     | 4.66   | 4.29     | 4.19   |                                    |                     |
| 72                           | 6.15   | 5.47   | 5.62     | 5.18   | 5.01     | 4.78   | 4.33     | 4.25   |                                    |                     |
| 73                           | 6.42   | 5.71   | 5.80     | 5.37   | 5.11     | 4.90   | 4.37     | 4.30   |                                    |                     |
| 74                           | 6.71   | 5.98   | 5.98     | 5.56   | 5.21     | 5.02   | 4.41     | 4.35   |                                    |                     |
| 75                           | 7.02   | 6.26   | 6.17     | 5.76   | 5.30     | 5.13   | 4.44     | 4.39   |                                    |                     |

The age shown is the Payee's age last birthday when income payments begin.

Equal monthly income payments for each \$1,000 of Insurance Benefits or Cash Value

| <b>Option C Table</b>                           |             |             |             |             |             |
|---|-------------|-------------|-------------|-------------|-------------|
| Joint and Survivor with 50 Percent to Survivor  |             |             |             |             |             |
| Age of Payees                                   | Male Age 55 | Male Age 60 | Male Age 65 | Male Age 70 | Male Age 75 |
| Female Age 55                                   | 3.26        | 3.48        | 3.74        | 4.02        | 4.32        |
| Female Age 60                                   | 3.49        | 3.75        | 4.05        | 4.38        | 4.73        |
| Female Age 65                                   | 3.76        | 4.06        | 4.41        | 4.81        | 5.24        |
| Female Age 70                                   | 4.07        | 4.42        | 4.84        | 5.32        | 5.86        |
| Female Age 75                                   | 4.42        | 4.84        | 5.35        | 5.94        | 6.62        |
| Joint and Survivor with two-thirds to Survivor  |             |             |             |             |             |
| Age of Payees                                   | Male Age 55 | Male Age 60 | Male Age 65 | Male Age 70 | Male Age 75 |
| Female Age 55                                   | 3.08        | 3.26        | 3.44        | 3.62        | 3.80        |
| Female Age 60                                   | 3.29        | 3.51        | 3.75        | 3.99        | 4.21        |
| Female Age 65                                   | 3.51        | 3.79        | 4.09        | 4.41        | 4.72        |
| Female Age 70                                   | 3.73        | 4.08        | 4.47        | 4.90        | 5.32        |
| Female Age 75                                   | 3.97        | 4.39        | 4.88        | 5.44        | 6.03        |
| Joint and Survivor with 100 Percent to Survivor |             |             |             |             |             |
| Age of Payees                                   | Male Age 55 | Male Age 60 | Male Age 65 | Male Age 70 | Male Age 75 |
| Female Age 55                                   | 2.76        | 2.88        | 2.97        | 3.03        | 3.06        |
| Female Age 60                                   | 2.94        | 3.12        | 3.27        | 3.38        | 3.46        |
| Female Age 65                                   | 3.09        | 3.34        | 3.58        | 3.78        | 3.93        |
| Female Age 70                                   | 3.21        | 3.54        | 3.89        | 4.22        | 4.50        |
| Female Age 75                                   | 3.29        | 3.69        | 4.16        | 4.64        | 5.11        |

The age shown is the Payee's age last birthday when income payments begin.

## General definitions

"Beneficiary" is the person or persons You choose to receive the Insurance Benefits.

"Cash Value" is the value which accumulates in this policy. The Table of Guaranteed Values on page 3 shows Cash Value at policy year-end under the assumptions stated.

"Coverage Effective Date" is the effective date of the coverage and is typically the same date as the Policy Date. However, the Coverage Effective Date may be different for any riders and/or benefits added to this policy after the Policy Date.

"Date of Issue" is the date from which the suicide and incontestability periods are measured. This date is shown on Policy Data page 2(1).

"Final Expiry Date" means the policy anniversary date following the attainment of the Insured's age 95 and is the date the Insurance Benefits under this policy end and this policy is no longer In Force. See Policy Data page 2(2) for the Final Expiry Date of this policy.

"Home Office" refers to the contact information of Our Home Office. Our mailing address is 1 Horace Mann Plaza, Springfield, Illinois 62715. The Company web site and telephone number are: horacemann.com; 800-999-1030.

"In Force" means this policy has not terminated due to lapse, nonrenewal, surrender for Cash Value, the Insured's death, or the Final Expiry Date shown on Policy Data page 2(2).

"Insurance Amount" is the insurance coverage under this policy as stated on Your most recent Policy Data page 2(1).

"Insurance Benefits" is the amount We will pay when the Insured dies.

"Insured" is the person whose life is insured under this policy as shown on the Policy Data pages.

"Irrevocable Beneficiary" is a Beneficiary You indicate cannot be changed without such Beneficiary's written consent.

"Payee" is any individual entitled to receive income payments under any settlement option benefit.

"Policy Date" is the date this policy becomes effective. This is the date from which policy anniversaries, policy years and premium due dates are determined. This date is shown on Policy Data page 2(1).

"Renewable" or "Renew" means the right to continue this policy In Force after the Specified Period by paying premiums based on the Insured's attained age as shown on the Table of Guaranteed Annual Premiums page(s).

"Single Premium Whole Life insurance policy" is a whole life insurance policy that is purchased with a single premium payment and that provides coverage until death.

"Specified Period" is the period of time following the Policy Date, during which premiums will not increase. The Specified Period is shown on the Policy Data pages.

"We", "Our", "Us" and "Company" refer only to Horace Mann Life Insurance Company.

"Written Request" is a request in writing in a form satisfactory to Us and received at Our Home Office.

"You" and "Your" refers to the owner(s) of this policy.

## Your plan of insurance

Your plan of insurance provides level term life insurance on the life of the Insured to the policy anniversary date following the attainment of the Insured's age 95. While this policy is In Force, We will pay the Insurance Benefits when the Insured dies and We receive due proof of death of the Insured at Our Home Office. Annual premiums for this level term life insurance are guaranteed for all policy years as shown on the

Table of Guaranteed Annual Premiums page(s). This policy will develop Cash Value. For details, see the Table of Guaranteed Values, page 3.

While this policy is In Force, coverage under this policy may be converted to a permanent plan of insurance before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier. There is only one conversion available after the first 10 policy years. On the date of conversion, there will always be at least one permanent policy to which You may convert Your policy.

## **Who benefits from this policy?**

### **Owner**

The owner of this policy is the Insured unless otherwise stated in the application or later changed by Written Request. This policy belongs to You, the owner. Unless You provide otherwise, You may exercise all rights and options of this policy while the Insured is living, subject to the rights of any Irrevocable Beneficiary or assignee.

### **Beneficiary**

The Beneficiary will be the person(s) named as such in the application, unless later changed by Written Request. The Beneficiary is entitled to the Insurance Benefits of this policy unless prohibited by state law. If there is no valid Beneficiary designation or if no Beneficiary survives the Insured, the Insurance Benefits will be payable to the Insured's estate. Any reference to a Beneficiary living or surviving means the person must be living on the earlier of:

- the day We receive due proof of death of the Insured; or
- the 15th day after the Insured's death.

### **Changing the owner or Beneficiary**

While the Insured is living, You may change the owner of this policy subject to the rights of any

Irrevocable Beneficiary or assignee. You may also change Your Beneficiary at any time subject to the rights of any Irrevocable Beneficiary or assignee. The written consent of each Irrevocable Beneficiary or assignee will be required as part of the Written Request. You may contact Our Home Office for a change of ownership or Beneficiary change form.

Requested changes must be in a Written Request. If Your spouse's or ex-spouse's signature is required by law, their signature will also be required on the Written Request.

Upon receipt of Your Written Request at Our Home Office, the change will take effect on the date You signed the request, unless otherwise specified by You. Your request is subject to any payment We make or other action We take before receipt of the request.

### **Assignment**

An assignment is a transfer of all or some of the policy's rights and benefits to someone else. You may assign this policy. We will not be responsible for the validity of an assignment. The assignment must be received in a Written Request. The written consent of any Irrevocable Beneficiary will be required as part of the Written Request. If Your spouse's or ex-spouse's consent is required by law, their consent will also be required. Any assignment, unless otherwise specified by You, shall take effect on the date the notice of assignment is signed by You, subject to any payments made or action taken by Us prior to receipt of such notice at Our Home Office. When it is received, Your rights and those of any Beneficiary will be subject to the terms of the assignment. You may contact Our Home Office for an assignment form.

## **The Insurance Benefits We pay**

We will pay the Insurance Benefits in accordance with this policy's provisions upon receipt of due proof of death of the Insured. The Insurance Benefits, determined as of the date of death, will be the total of:

- the Insurance Amount currently in effect, or if applicable, the amount of reduced paid-up term life insurance;

plus

- any part of the last premium paid that applies to a period beyond the policy month in which the Insured dies;

minus

- the amount of any overdue premium if the Insured dies during the grace period.

We will pay interest on the Insurance Benefits to the extent required by applicable state law.

## **The premiums You pay**

### **Premiums You pay**

The first premium is due on the Policy Date. You must pay the remaining premiums on or in advance of each premium due date.

The Policy Date is the date from which premium due dates are determined. The premium due date is based on the premium payment option selected. The Policy Data pages show the Specified Period, guaranteed annual premiums and payment option selected.

Annual premiums for this policy are guaranteed for all policy years as shown on the Table of Guaranteed Annual Premiums page(s).

Premiums will not increase during the Specified Period. After the Specified Period, this policy will automatically Renew annually to the Final Expiry Date. You will not need to provide proof that the Insured is insurable when this policy Renews.

### **Frequency of Your payments**

You may ask to change the frequency of Your premium payments. Upon approval, We will tell You the amount of the premium required at the new frequency to maintain Your plan of insurance.

### **We allow a grace period**

We will allow a grace period of 31 days for paying each premium due after the first premium. The policy remains In Force during the

grace period. If the Insured dies during the grace period, We will pay the Insurance Benefits according to "The Insurance Benefits We pay" provision.

### **How Your policy may lapse**

If the premium due for Your insurance policy is not paid by the end of its grace period, Your policy will lapse. The term "lapse" means that this policy, including any riders, ends for nonpayment of premiums. The lapse date will be the premium due date. (See "What if Your policy lapses?" for details.)

## **The term conversion available**

While this policy is In Force, You may convert all or part of the Insurance Amount to a permanent policy issued by Us on the date of conversion as explained below. All conversions must be made before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier. There is only one conversion available after the first 10 policy years. There will always be at least one permanent policy available for conversion.

During the first 10 policy years, You may convert all or part of the Insurance Amount. Upon a partial conversion, this policy's Insurance Amount at the time of conversion is reduced by the amount converted. However, the remaining Insurance Amount cannot be less than \$25,000. We will send You new Policy Data, Table of Guaranteed Values, and Table of Guaranteed Annual Premiums page(s) when a partial conversion is made. If the entire Insurance Amount is converted, this policy ends when the new permanent policy becomes effective.

After the first 10 policy years, You may convert the entire Insurance Amount at the time of conversion or \$50,000, whichever is less. When the conversion is completed after the first 10 policy years, this policy ends when the new permanent policy becomes effective, even if You have converted less than the entire Insurance Amount at the time of conversion.

The date of conversion is the date We receive in Our Home Office both Your application for conversion and the first full premium for the new policy. The new policy will be effective on the date of conversion. However, if We receive Your application for conversion and the first full premium for the new policy during the grace period of an unpaid premium, the effective date of the new policy will be the due date of such unpaid premium.

We will reduce the Cash Value to an amount proportionate to the amount of term life insurance remaining In Force after the conversion. The difference between the Cash Value prior to conversion and the Cash Value after conversion may be paid to You or may be used toward payment of premium for the new permanent policy.

The new policy is subject to the minimum and maximum coverage amount available for that policy and will be issued as follows:

- without You providing proof that the Insured is insurable;
- for a whole life insurance amount subject to the maximums and conditions stated above;
- for the same premium class as assigned to this policy;
- for the Insured's sex, attained age last birthday, and at premium rates in effect on the date We approve the conversion;
- with an incontestable period determined from the Date of Issue of this policy or the reinstatement date, whichever is later; and
- with a suicide period determined from the Date of Issue of this policy.

A waiver of premium benefit rider may be included in the new policy without providing proof that the Insured is insurable if on the new policy date:

- the Insured's age is 55 or less;
- the waiver of premium benefit rider is in effect for this policy;
- the premiums for this policy are not being waived as a result of the Insured's total disability as defined in the waiver of

premium benefit rider in effect for this policy; and

- the Insured's disability, if any, does not eventually qualify as total disability as defined in the waiver of premium benefit rider in effect for this policy.

### **This policy may be changed**

You may make a Written Request to reduce the Insurance Amount of this policy as long as Your coverage is not being continued as reduced paid-up term life insurance. Additionally, the remaining Insurance Amount cannot be less than \$25,000. We must approve this change. We will send You new Policy Data, Table of Guaranteed Values, and Table of Guaranteed Annual Premiums page(s) when the change is made.

If We approve the change and the request is made during the Specified Period, We will use the Insured's sex and age shown on the initial Policy Data page 2(1) to determine the new guaranteed premium for the reduced Insurance Amount. Such request will not change the length of time remaining in the Specified Period. The new premium will not increase during the Specified Period. The new annual premium and annual premiums for subsequent years will be shown on the new Table of Guaranteed Annual Premiums page(s).

If We approve the change and the request is made after the Specified Period, We will use the Insured's sex and age as of the last policy anniversary date to determine the new guaranteed premium for the reduced Insurance Amount. The new annual premium and annual premiums for subsequent years will be shown on the new Table of Guaranteed Annual Premiums page(s).

Such change will be effective on the same day of the month in which We receive the request as the day of the month of the Policy Date; provided that if premiums on this policy have been paid to provide coverage to a later date,

the effective date of the change will be that later date.

We will reduce the Cash Value to an amount proportionate to the amount of term life insurance remaining In Force after the reduction. The difference between the Cash Value prior to reduction and the Cash Value after reduction may be paid to You or may be applied as a credit toward the payment of premium for the reduced Insurance Amount.

## **The Cash Value of this policy**

### **Your policy develops Cash Value**

We guarantee the Cash Value as shown in the most recent Table of Guaranteed Values page, under the assumptions stated on that page. The Cash Value may be used to continue the policy In Force as reduced paid-up term life insurance until the Final Expiry Date. While the Insured is living, You may surrender this policy for its Cash Value or surrender this policy and use the Cash Value to purchase a Single Premium Whole Life insurance policy if certain conditions are met. (See "You may purchase Single Premium Whole Life insurance" for details.)

### **The basis We used for computation**

All guaranteed values meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy is delivered. We have given the insurance officials in the state in which this policy is delivered a detailed statement of how We computed the values and benefits.

### **You may give up Your policy**

If there is a Cash Value, You may withdraw it and give up Your policy. In this case, all benefits under the policy will end. If You surrender Your policy for its Cash Value within 30 days after a policy anniversary date, the Cash Value will not be less than the Cash Value at the policy anniversary date. If You surrender Your policy at

any time other than a policy anniversary date, the Cash Value shall be calculated with allowance for lapse of time and the payment of fractional premiums beyond the last preceding policy anniversary date. At any time, the Cash Value will meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy is delivered.

### **You may purchase Single Premium Whole Life insurance**

On or before the policy anniversary date following the Insured's age 80, You may surrender Your policy and use the Cash Value to purchase a Single Premium Whole Life insurance policy if:

- the date of surrender is no later than the policy anniversary date following the Insured's age 80;
- the Cash Value on the date of surrender meets Our minimum single premium requirements for issuing a Single Premium Whole Life insurance policy;
- the premium class for this policy as shown in the Policy Data page(s) meets Our minimum requirements for issuing a Single Premium Whole Life Insurance policy; and
- the face amount of the Single Premium Whole Life insurance policy does not exceed that which the Cash Value of this policy on the date of surrender would purchase.

When Your purchase of the new Single Premium Whole Life insurance policy is completed, this policy ends when the new policy becomes effective.

If all of the above conditions have been met, the Single Premium Whole Life insurance policy will be issued as follows:

- without You providing proof that the Insured is insurable;
- for the same premium class as assigned to this policy;

- for the Insured's sex, attained age last birthday, and at premium rates in effect on the date of purchase;
- with an incontestable period determined from the Date of Issue of this policy or the reinstatement date, whichever is later;
- with a suicide period determined from the Date of Issue of this policy; and
- with an effective date equal to the date of termination of this policy.

### **What if Your policy lapses?**

If the premium due for Your insurance policy is not paid by the end of its grace period, Your policy will lapse. The term "lapse" means that benefits under this policy, including any riders, end for nonpayment of premiums, except as provided in the provisions below. The lapse date will be the premium due date.

After Your policy has lapsed, You may:

- apply for reinstatement of the lapsed policy; or
- continue the lapsed policy as reduced paid-up term life insurance until the Final Expiry Date if Your policy has Cash Value; or
- surrender the policy for its Cash Value; or
- surrender the policy and use the Cash Value to purchase a Single Premium Whole Life insurance policy if certain conditions are met. (See "You may purchase Single Premium Whole Life insurance" for details.)

### **You may reinstate Your policy**

You may reinstate Your lapsed policy if:

- the policy has not been surrendered for its Cash Value;
- the policy has not been surrendered and the Cash Value used to purchase a Single Premium Whole Life insurance policy;
- We receive Your Written Request within five years of the due date of the premium in default;

- You show Us the Insured is still insurable according to Our written guidelines; and
- You pay all overdue premiums (with interest at 5 percent per year compounded annually).

The policy will be reinstated as of the date it lapsed.

### **You may continue insurance**

If Your policy lapses with Cash Value and You do not surrender it for its Cash Value or surrender it and use the Cash Value to purchase a Single Premium Whole Life insurance policy, You may continue Your insurance as reduced paid-up term life insurance until the Final Expiry Date. The Cash Value of the policy may be used as a net single premium to purchase such insurance. The net single premium will be equal to the present value of the death benefit.

Reduced paid-up term life insurance will provide paid-up term life insurance on the life of the Insured to the Final Expiry Date. The amount of term life insurance depends on the Insured's attained age and the Cash Value as of the lapse date. The reduced paid-up term life insurance has Cash Value. Information on the available Cash Value will be furnished upon request.

If within 62 days of the date of lapse You do not elect to reinstate Your policy, surrender it for its Cash Value, or surrender it and use the Cash Value to purchase a Single Premium Whole Life insurance policy, this policy will be continued as reduced paid-up term life insurance.

Additionally, if the Insured dies after the grace period but within 62 days of the date of lapse and You have not reinstated Your policy, surrendered it for its Cash Value, or surrendered it and used the Cash Value to purchase a Single Premium Whole Life insurance policy, the amount of insurance payable upon the death of the Insured will be based on the reduced paid-up term life insurance as described above.

### **If Your coverage is continued**

If Your coverage is continued under reduced paid-up term life insurance and the Insured dies

prior to the Final Expiry Date, We will pay the Insurance Benefits according to “The Insurance Benefits We pay” provision.

Your rights under “Changing the owner or Beneficiary” and “Assignment” provisions will continue.

As long as Your policy has a Cash Value, You may surrender it for the Cash Value as described in the “You may give up Your policy” provision; or You may surrender it and use the Cash Value to purchase a Single Premium Whole Life insurance policy if certain conditions are met. (See “You may purchase Single Premium Whole Life insurance” for details.)

## **How benefits are paid**

While the Insured is living, You may:

- elect to surrender the policy for its Cash Value and have all or part of the Cash Value paid in a lump sum or applied to one or more of the settlement options explained below;
- elect how the Insurance Benefits will be paid upon the Insured's death. You may have all or part of the Insurance Benefits paid in a lump sum or applied to one or more of the settlement options explained below.

If You have made a previous election on how the Insurance Benefits will be paid, You may or may not allow the Beneficiary the right to change the prior election.

If You have not made a previous election, the Beneficiary has the right to elect that all or part of the Insurance Benefits be paid in a lump sum or applied to one or more of the settlement options explained below.

All elections must be made by a Written Request. The election or change will take effect as of the date the Written Request is signed, subject to any payments made or other action taken by Us before receipt of the Written Request. We will issue a supplemental contract

for the settlement option chosen, as of the date of settlement.

Any payment of Insurance Benefits or Cash Value involving more than one of the options must have Our approval. Also, details of all settlement options will be subject to Our rules at the time a supplemental contract takes effect. These include rules on the minimum amount We will apply under an option and minimum amount for income payments; withdrawal or surrender rights; naming Payees and successor Payees; and proving age and survival.

Any income payments made under a settlement option will not be less than those that would be provided by the application of the Cash Value to purchase a single premium immediate annuity contract at purchase rates offered by the Company at the time to the same class of annuitants.

Amounts applied under the options will not be subject to the claims of creditors or to legal process except to the extent permitted by law.

The settlement options are:

### **Option A. Life income with payments guaranteed for Life only, 10, 15, or 20 years**

We will pay income payments based on the number of guaranteed payments selected and the Payee's sex and age last birthday. Income payments for this option will continue as long as the Payee lives, or until all guaranteed payments have been made, whichever is later. Guaranteed income payments cannot extend beyond the life expectancy of the Payee, as defined by the Internal Revenue Code.

If the Payee dies before all guaranteed income payments have been made, the remaining income payments will be paid to the Payee's beneficiary as scheduled. The monthly income payments purchased per \$1,000 of Insurance Benefits or Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

**Option B. Income payments for a fixed period**

We will pay income payments for a fixed period of time as elected. The fixed period can be as short as ten years or as long as 30 years. Income payments cannot extend beyond the life expectancy of the Payee, as defined by the Internal Revenue Code. If the Payee dies before all income payments have been made, the remaining income payments will be paid to the Payee's beneficiary as scheduled. The monthly income payments purchased per \$1,000 of Insurance Benefits or Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

**Option C. Joint and Survivor**

We will pay income payments based upon the specific survivor option selected, and the age and sex of the two Payees.

The available survivor options are to pay during the lifetime of the survivor: (1) 50 percent; (2) two-thirds; or (3) 100 percent of the income payments paid while both Payees were living.

Upon the death of one Payee, the selected survivor percentage will be applied to determine the amount of the remaining payments during the lifetime of the survivor. Upon the death of the survivor, income payments cease.

The monthly income payments purchased per \$1,000 of Insurance Benefits or Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

**Other options**

We will apply the Insurance Benefits or Cash Value under any other option requested that is available. Any other option offered will be based on the interest and mortality described below in the "Basis of settlement option tables" provision.

**Basis of settlement option tables**

The Settlement Option Tables show the dollar amount of monthly income payments for each

\$1,000 of Insurance Benefits or Cash Value. Income payments may also be available in quarterly, semi-annual, and annual installments. The tables use the Payee's age last birthday at the time the first income payment is due.

The amount of each income payment will never be less than that shown in the Settlement Option Tables. The guaranteed interest rate used for all settlement options is 1 percent per year. Where mortality assumptions are involved, the guaranteed factors are based on the Annuity 2000 Mortality Table. The income payments under these options may be increased as determined by Us on an equitable basis to this class of policies.

**Other important information****Your contract with Us**

We will provide the insurance described in this contract in consideration of payment of the required premiums. This policy, the attached copy of the application, and any attached endorsements and riders make up the entire contract.

For any changes made in the future, You will be responsible for attaching the application, endorsements, riders, Policy Data pages, Table of Guaranteed Values page(s), and/or Table of Guaranteed Annual Premiums page(s). If You fail to attach the pages, they will be deemed to be attached as of the date the change is effective.

Only Our president, a vice president, or the corporate secretary can modify this contract or waive any of Our rights or requirements under it. No agent may do this. Any change or waiver We make will be made in writing to You.

**When the policy is incontestable**

We have the right to contest the validity of this policy based on material misstatements made in the application for this policy. However, in the absence of fraud, We will not contest the validity of this policy after it has been in effect during the lifetime of the Insured for two years from the

Date of Issue shown on Policy Data page 2(1) except for nonpayment of premiums. In the absence of fraud, We will not contest any information on a reinstatement of coverage application after the reinstatement has been in effect for two years during the Insured's lifetime.

No statement shall be used to contest a claim unless contained in a written application or an amendment to the application which is attached to this policy. All statements made in the application, in the absence of fraud, are representations and not warranties.

See additional benefit riders, if any, for modifications of this provision that may apply to them.

**If age or sex has been misstated**

If the Insured's age or sex is misstated, We will adjust any amount payable or benefit accruing under the policy to the amount the premium would have purchased at the correct age and sex. If income payments made under a settlement option were too large because of a misstatement, We will deduct the difference with interest from the payments falling due until totally repaid. If necessary, We reserve the right to demand reimbursement for such overpayment. If such payments were too small, We will add the difference with interest to the next payment due. The interest in both instances described above will be at the rate of 5 percent per year.

**Conformity with state law**

This contract is subject to the laws of the state in which it was delivered. If any part of this contract does not comply with the law, it will be interpreted by Us as if it did.

**How the suicide exclusion affects benefits**

If the Insured commits suicide, while sane or insane, within two years from the Date of Issue, We will limit Our payment to the premiums paid.

**We may defer payment**

We may defer payment of any Cash Value for up to six months after We receive Your request.

**How We measure policy anniversaries**

We measure policy years and policy anniversaries from the Policy Date. Each policy year begins on the same day and month as the Policy Date.

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**Level Term Life Insurance to Age 95,  
Annually Renewable Following the Specified Period,  
Guaranteed Cost**

IC-351000

**Horace Mann Life Insurance Company**

[A Stock Company  
1 Horace Mann Plaza  
Springfield, Illinois 62715-0001  
800-999-1030]

**Application for individual life insurance**

- Individual (or)  Joint (first to die)
- New business  Trial application
- Internal replacement of policy # \_\_\_\_\_
- Restructure of policy # \_\_\_\_\_
- Exchange of policy # \_\_\_\_\_  Rider
- Conversion of policy # \_\_\_\_\_  Rider
- Rating review of policy # \_\_\_\_\_

**Proposed Insured 1** Name (Last, First, Middle Initial)

Last Doe | First John | MI  
 Birth date (MM/DD/YYYY) 01/01/1967  
 Gender  Male  Female

**Proposed Insured 2** Name (Last, First, Middle Initial)

Last Doe | First Jane | MI  
 Birth date (MM/DD/YYYY) 05/05/1967  
 Gender  Male  Female

**Coverage selection**

**[1. Nonparticipating life insurance rate applied for**

- Nontobacco  Tobacco usage  Save age

**2. Product information** (Please complete the financial questionnaire for face amounts over \$1,000,000.)

**Life by Design (Guaranteed premium)**

**Whole Life to Age 120** **Face amount**

- Premiums payable to age 120 \$ \_\_\_\_\_
- Single Premium \$ \_\_\_\_\_

**Level Term to Age 95**

- 10-Year Specified Period \$ \_\_\_\_\_
- 20-Year Specified Period \$ \_\_\_\_\_
- 30-Year Specified Period \$ \_\_\_\_\_
- To Age 65 Specified Period \$ \_\_\_\_\_
- 20-Year Cash Value Term \$ 25,000
- 30-Year Cash Value Term \$ \_\_\_\_\_

**Life Select (Guaranteed premium)**

**Whole Life to Age 120** **Face amount**

- Premiums payable to age 120 \$ \_\_\_\_\_
- Premiums payable for 20 years \$ \_\_\_\_\_
- Premiums payable to age 65 \$ \_\_\_\_\_

**Primary Insured Level Term Riders**

- 20-Year Specified Period \$ \_\_\_\_\_
- 30-Year Specified Period \$ \_\_\_\_\_
- To Age 65 Specified Period \$ \_\_\_\_\_

**Additional Insured Level Term Riders**

- Rate applied for:
- Nontobacco  Tobacco usage  Save age
  - 20-Year Specified Period \$ \_\_\_\_\_
  - 30-Year Specified Period \$ \_\_\_\_\_
  - To Age 65 Specified Period \$ \_\_\_\_\_

**Experience Life (Flexible Premium – Adjustable/Combination Life with Indeterminate Premiums)**

No longer sold – existing policy restructure only

**Face amount**

- Whole Life to Age 100 \$ \_\_\_\_\_
- Level Term to Age 100 \$ \_\_\_\_\_
- Decreasing Term to Age 100 \$ \_\_\_\_\_
- Paid-up Whole Life to Age 100 \$ \_\_\_\_\_
- Lump sum premium  Prescheduled premium
- Premium amount \$ \_\_\_\_\_

**Face amount**

- Named Insured Rider \$ \_\_\_\_\_
- Level Term (or)  Decreasing Term
- Name \_\_\_\_\_
- Additional Insured Rider \$ \_\_\_\_\_
- Level Term (or)  Decreasing Term
- Smoker (or)  Non-smoker

**3. Riders and benefits (Please note, not all riders and benefits are available for all products.)**

- Waiver of Premium
- Waiver of Premium in the Event of the Payor's Death or Total Disability

**Face amount**

- Accidental Death Benefit \$ \_\_\_\_\_
- Children's Term Insurance \$ 10,000
- (Complete Children's Term Insurance Supplement)
- Guaranteed Insurability Benefit \$ \_\_\_\_\_ ]

## Proposed Insured 1 personal information

Name (Last, First, Middle Initial)

Last Doe | First John | MI JMI

Address (Include mailing and street address)

123 Main Street

City Anytown | ST IL | ZIP 12345

Telephone # 111-111-1111

Best time to call After 6:00 PM

E-mail address doe.john@gmail.com

Gender  Male  Female

Birth date (MM/DD/YYYY) 01/01/1967

Country of birth United States

State of birth Illinois

Are you a citizen of the US?  Yes  No

If no, what country? \_\_\_\_\_

Marital Status  Married  Single  
 Separated  Divorced

Social Security # 222-22-2222

Driver's license # 1234567890 State IL

## Employment information

Is Proposed Insured 1 self-employed?  Yes  No

Occupation Teacher Code 10

Description of duties Teach 2nd grade class

Length of employment 4 years

Employer name ABC School District

School building, if applicable Harvard Elementary

Address 456 School Street

City Anytown | ST IL | ZIP 12345

Work telephone # 333-333-3333

Employer E-mail address abcschooldistrict.com

## Income

1. Annual earned income 55,000

2. Annual unearned income -0-

3. Total household income 90,000

4. Approximate personal net worth 250,000

5. Have you ever filed for bankruptcy?  Yes  No

6. Have you ever had any monetary judgments entered against you, or had any repossession, foreclosures, collections, bad debts, lawsuits, tax liens or legal actions?  Yes  No

**Beneficiary information** (subject to change by Proposed Owner) All insurance benefits will be paid to the person(s) named as primary beneficiary(ies). If no primary beneficiary(ies) survives, the insurance benefits will be paid to those named as contingent beneficiary(ies).

1.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last Doe | First Jane | MI AMI

Address 123 Main Street

City Anytown | ST IL | ZIP 12345

Business name \_\_\_\_\_

Relationship Spouse

Birth date/Trust date 05/05/1967

Social Security #/TIN # 444-44-4444

Benefit Percentage 100%

2.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last \_\_\_\_\_ | First \_\_\_\_\_ | MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ | ST \_\_\_\_\_ | ZIP \_\_\_\_\_

Business name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Social Security #/TIN # \_\_\_\_\_

Benefit Percentage \_\_\_\_\_

3.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last \_\_\_\_\_ | First \_\_\_\_\_ | MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ | ST \_\_\_\_\_ | ZIP \_\_\_\_\_

Business name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Social Security #/TIN # \_\_\_\_\_

Benefit Percentage \_\_\_\_\_

4.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name  

|      |       |    |
|------|-------|----|
| Last | First | MI |
|------|-------|----|

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Address  

|      |    |     |
|------|----|-----|
| City | ST | ZIP |
|------|----|-----|

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Business name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Birth date/Trust date \_\_\_\_\_  
Social Security #/TIN # \_\_\_\_\_  
Benefit Percentage \_\_\_\_\_

5.  Primary **(or)**  Contingent  
 Check here if this beneficiary is irrevocable.  
Benefit Percentage 100%

Surviving children born of the marriage of and/or legally adopted by Proposed Insured 1 and spouse of Proposed Insured 1, Jane A. Doe, equally.

|               |             |     |
|---------------|-------------|-----|
| Last Doe, Jr. | First John  | JMI |
| Last Doe      | First Sally | AMI |
| Last          | First       | MI  |
| Last          | First       | MI  |

**Proposed Owner(s)** (Unless otherwise specified below, the owner is Proposed Insured 1 for an individual policy or Proposed Insureds 1 and 2 for a joint policy. If someone other than the Proposed Insured(s) is/are to be the owner, name the Proposed Owner(s) below.)

- If Trust, name of Trust \_\_\_\_\_

1. Name/Trustee name  

|      |       |    |
|------|-------|----|
| Last | First | MI |
|------|-------|----|

---

Address  

|      |    |     |
|------|----|-----|
| City | ST | ZIP |
|------|----|-----|

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Business name \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Relationship \_\_\_\_\_  
Birth date/Trust date \_\_\_\_\_  
Marital Status  Married  Single  
 Separated  Divorced  
Social Security #/TIN# \_\_\_\_\_  
Citizenship \_\_\_\_\_

2. Name/Trustee name  

|      |       |    |
|------|-------|----|
| Last | First | MI |
|------|-------|----|

---

Address  

|      |    |     |
|------|----|-----|
| City | ST | ZIP |
|------|----|-----|

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Business name \_\_\_\_\_

Telephone # \_\_\_\_\_  
Relationship \_\_\_\_\_  
Birth date/Trust date \_\_\_\_\_  
Marital Status  Married  Single  
 Separated  Divorced  
Social Security #/TIN # \_\_\_\_\_  
Citizenship \_\_\_\_\_

**Payor** (If someone other than the Proposed Owner(s) is primarily responsible for making the premium payments, name the payor below.)

Name  

|      |       |    |
|------|-------|----|
| Last | First | MI |
|------|-------|----|

---

Address  

|      |    |     |
|------|----|-----|
| City | ST | ZIP |
|------|----|-----|

---

Business name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Birth date (MM/DD/YYYY) \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Best time to call \_\_\_\_\_  
E-mail address \_\_\_\_\_

**Payment information**

**[Single Premium**

- Single Premium \$ \_\_\_\_\_  
 Check **(or)**  Payment on delivery

**Initial Premium**

- Check  
 E-Pay (ACH, Credit, Debit)  
(Complete the appropriate form.)  
 List Bill  
 Payment on delivery

**Recurring Premium**

- EFT/Easy Pay (Complete the appropriate form.)  
 Direct Bill (choose one)  
 Annually  Semiannually  Quarterly  
 List Bill  
Group # 12-052  
Mode 1/12th

Is an employer paying any part of the premium for this insurance?  Yes  No

Employer name ABC School District  
Address 456 School Street  
Anytown, IL 12345

- Automatic premium loan?  Yes  No

## Insurance in force for Proposed Insured 1

1. Does Proposed Insured 1 have personal and/or business life insurance?  
(If Yes, give total amounts. Total amount should not include Group coverage.)  Yes  No  
Total life insurance \$ 75,000 Total accidental death insurance \$ 25,000

2. Please include any life insurance coverage or annuities with this or any other company when responding to the questions below. If any of questions a., b., or c. below is answered Yes, please identify question number and provide specifics in d.
- a. Does Proposed Insured 1 have any existing insurance policies or annuity contracts in force?  Yes  No
- b. Does Proposed Insured 1 have any pending (within the last six months) insurance policies or annuity contracts?  Yes  No
- c. Will the insurance being applied for discontinue, reduce, change, or replace any existing insurance policy or annuity contract?  Yes  No
- d. Explanation for any question answered Yes in a., b., or c. above.

| Quest. # | Company name          | Policy/contract # or pending | Business (B) or Personal (P)? Life (L) or Annuity (A)?   | Issue Year | Amount | Replacing?   |
|----------|-----------------------|------------------------------|--|------------|--------|--|
| a        | XYZ Insurance Company | 8517892                      | <input type="checkbox"/> B (or) <input checked="" type="checkbox"/> P<br><input checked="" type="checkbox"/> L (or) <input type="checkbox"/> A | 2005       | 75,000 | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
|          |                       |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A                       |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N            |
|          |                       |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A                       |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N            |
|          |                       |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A                       |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N            |

3. Has Proposed Insured 1 had coverage declined, postponed or modified, or has Proposed Insured 1 been denied reinstatement of coverage or been offered coverage other than as applied for?  Yes  No  
If Yes, please explain. \_\_\_\_\_
4. Has the agent/producer taking this application recommended the full or partial liquidation of a securities product to be used to fund this policy? If Yes, registered representatives must complete and submit Horace Mann Investors, Inc. Transfer/Exchange/Rollover/Switch Form.  Yes  No

## Health history for Proposed Insured 1

Height 6 ft. 2 in. Weight 195 lbs.

Have you lost weight in the last 12 months?  Yes  No

If Yes, give amount lost and reasons why: \_\_\_\_\_

## Tobacco usage

In the last 36 months, have you used cigarettes, cigars, pipes, chewing tobacco, e-cigarettes, nicotine substitutes or any other form of tobacco?  Yes  No

If Yes, provide type of tobacco and date (mo/yr) last used. \_\_\_\_\_

## A. Medical information (If any answer is Yes, please provide Details in Section D below.)

1. Please provide the name and address of your personal or attending physician(s) seen in the last 5 years.

|  | Physician #1  | Physician #2 |
|--|---|--------------|
| Physician name and address             | Dr. James Wellness<br>35 Medical Drive, Anytown, IL 12345 |              |
| Physician telephone #                  | 777-777-7777  |              |
| Date and reason last seen              | 05/25/2012 Checkup  |              |
| Tests performed/<br>Treatment received | Standard blood test, no treatment                         |              |

**A. Medical information (continued) (If any answer is Yes, please provide Details in Section D below.)**

2. List all medications and dosages you are currently taking or have taken in the last 30 days, including prescriptions, over the counter drugs, and herbal supplements. Multi-vitamin daily
- 
3. Have you ever been medically treated for or had any known indication of:
- a. Seizures, epilepsy, paralysis, dizziness, fainting, recurrent headaches, stroke, or any other disease or disorder of the brain or nervous system?  Yes  No
  - b. Depression, anxiety, chronic fatigue, ADHD, stress, or any other mental or nervous disorder?  Yes  No
  - c. Asthma, bronchitis, allergies, emphysema, sleep apnea, shortness of breath, sarcoidosis, chronic obstructive pulmonary disease (COPD), tuberculosis, or any other disease or disorder of the respiratory system?  Yes  No
  - d. Hepatitis, cirrhosis, anemia, or any other disease or disorder of the liver or blood?  Yes  No
  - e. Ulcer, colitis, ulcerative colitis, Crohn's disease, diverticulitis, internal bleeding, or any other disease or disorder of the gallbladder, pancreas, stomach, or intestines?  Yes  No
  - f. High blood pressure, chest pain, heart attack, heart murmur, palpitations, or any other disease or disorder of the heart, blood vessels, or circulatory system?  Yes  No
  - g. Any tumor, cancer, cysts, melanoma, lymphoma, or any other disease or disorder of the skin or lymph glands?  Yes  No
  - h. Diabetes, elevated blood sugar, thyroid, or any other endocrine or glandular disorder?  Yes  No
  - i. Arthritis, gout, fibromyalgia, or any other disorder of the back, neck, spine, muscles, nerves, bones, or joints?  Yes  No
  - j. Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the kidneys or bladder?  Yes  No
  - k. Any complications of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, or any sexually transmitted disease?  Yes  No
  - l. Disorder of the eyes, ears, nose, or throat, loss of limb, congenital deformity, or amputation?  Yes  No
  - m. Any mental or physical disorder or medically or surgically treated condition not listed above?  Yes  No
4. Have you, in the last 12 months, received disability benefits of any kind or been disabled for more than 30 days?  Yes  No
5. Are you currently receiving treatment of any kind or have you been scheduled or been advised to see a licensed medical professional, or scheduled or been advised to have a check up, any diagnostic tests (e.g., x-ray, EKG, blood test), hospitalization, surgery or medical tests?  Yes  No
6. In the last 5 years, have you been diagnosed by or received treatment from a licensed medical professional for Acquired Immune Deficiency Syndrome (AIDS) or human immunodeficiency virus infection (HIV)?  Yes  No
7. Have you ever been treated for drug or alcohol abuse or been advised by a licensed medical professional to limit your use of alcohol or any medication, prescribed or not? If Yes, please complete the alcohol and drug questionnaire.  Yes  No
8. Within the last 10 years, have you used or experimented with cocaine, marijuana, heroin, amphetamines, barbiturates, narcotics, or other stimulants or depressants? If Yes, please complete the alcohol and drug questionnaire.  Yes  No

**B. General risk information (If any answer is Yes, please provide Details in Section D below.)**

1. In the last 5 years, have you been convicted of (a) 2 or more moving violations or (b) driving under the influence of alcohol or other drugs, or have you had your driver's license suspended, restricted or revoked? If Yes, please indicate type and dates in Details below.  Yes  No
2. Have you ever made any flights or do you plan to fly in the next 24 months as a pilot, crew member or student pilot? If Yes, please complete the aviation questionnaire.  Yes  No
3. In the last 5 years, have you engaged in or do you plan to engage in any motor vehicle or boat racing, scuba diving, parachuting or sky diving, hang gliding, ballooning, or mountain, rock, or technical climbing; or any other similar sport? If Yes, please complete the avocation questionnaire.  Yes  No
4. Are you a member of, or do you intend to join, the armed forces, reserves, or National Guard? If Yes, please complete the military questionnaire.  Yes  No
5. Do you now or do you plan to reside or travel outside the United States or Canada within the next year? If Yes, please complete the foreign travel/residence questionnaire.  Yes  No
6. Have you been charged with or convicted of, or are you currently awaiting trial for, a felony or misdemeanor? If Yes, please indicate what type, date and city/county/state of felony or misdemeanor and if you are currently on probation or parole in Details below.  Yes  No

**C. Family history (If additional space is required, attach the appropriate supplement to application.)**

| Family History  | Age if living & health status     | Age at death & cause |
|---|-----------------------------------|----------------------|
| Father  | John, age 65, excellent health    |                      |
| Mother  | Mary, age 63, excellent health    |                      |
| Siblings  | Charles, age 29, excellent health |                      |
|   |                                   |                      |
|   |                                   |                      |
| <b>If a Proposed Insured 1 is a juvenile, provide the amount of life insurance in force on the parents.</b> |                                   |                      |
| Mother  | \$                                | Father \$            |

**D. Details**

For each "Yes" answer identify by section and question # and give full explanation, including: diagnoses, dates, duration, treatment and medications and name, address, telephone # of all attending physicians and medical facilities.

| Section and Question # | Explanation |
|------------------------|-------------|
|                        |             |

## Proposed Insured 2 personal information

Name (Last, First, Middle Initial)

Last Doe | First Jane | MI AI

Address (Include mailing and street address)

123 Main Street

City Anytown | ST IL | ZIP 12345

Telephone # 111-111-1111

Best time to call After 5:00 PM

E-mail address jane.doe@gmail.com

Gender  Male  Female

Birth date (MM/DD/YYYY) 05/05/1967

Country of birth United States

State of birth Illinois

Are you a citizen of the US?  Yes  No

If no, what country? \_\_\_\_\_

Marital Status  Married  Single  
 Separated  Divorced

Social Security # 444-44-4444

Driver's license # 456789123 State IL

## Employment information

Is Proposed Insured 2 self-employed?  Yes  No

Occupation Teacher Code 10

Description of duties First grade teacher

Length of employment 2 years

Employer name ABC School District

School building, if applicable Washington Elementary

Address 456 School Street

City Anytown | ST IL | ZIP 12345

Work telephone # 888-888-8888

Employer E-mail address abcschooldistrict.com

## Income

1. Annual earned income 35,000

2. Annual unearned income -0-

3. Total household income 90,000

4. Approximate personal net worth 250,000

5. Have you ever filed for bankruptcy?  Yes  No

6. Have you ever had any monetary judgments entered against you, or had any repossession, foreclosures, collections, bad debts, lawsuits, tax liens or legal actions?  Yes  No

**Beneficiary information** (subject to change by Proposed Owner) All insurance benefits will be paid to the person(s) named as primary beneficiary(ies). If no primary beneficiary(ies) survives, the insurance benefits will be paid to those named as contingent beneficiary(ies).

1.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last Doe | First John | MI JMI

Address 123 Main Street

City Anytown | ST IL | ZIP 12345

Business name \_\_\_\_\_

Relationship Spouse

Birth date/Trust date 01/01/1967

Social Security #/TIN # 222-22-2222

Benefit Percentage 100%

2.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last \_\_\_\_\_ | First \_\_\_\_\_ | MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ | ST \_\_\_\_\_ | ZIP \_\_\_\_\_

Business name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Social Security #/TIN # \_\_\_\_\_

Benefit Percentage \_\_\_\_\_

3.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last \_\_\_\_\_ | First \_\_\_\_\_ | MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ | ST \_\_\_\_\_ | ZIP \_\_\_\_\_

Business name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Social Security #/TIN # \_\_\_\_\_

Benefit Percentage \_\_\_\_\_

**Beneficiary information (continued)**

4.  Primary (or)  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.  
 Name/Trustee name  

|         |       |     |
|---------|-------|-----|
| Last    | First | MI  |
| Address |       |     |
| City    | ST    | ZIP |

 Business name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Birth date/Trust date \_\_\_\_\_  
 Social Security #/TIN # \_\_\_\_\_  
 Benefit Percentage \_\_\_\_\_

5.  Primary (or)  Contingent  
 Check here if this beneficiary is irrevocable.  
 Benefit Percentage 100%  
 Surviving children born of the marriage of and/or legally adopted by Proposed Insured 2 and spouse of Proposed Insured 2, John J. Doe, equally.  

|               |             |    |
|---------------|-------------|----|
| Last Doe, Jr. | First John  | MI |
| Last Doe      | First Sally | MI |
| Last          | First       | MI |
| Last          | First       | MI |

**Insurance in force for Proposed Insured 2**

1. Does Proposed Insured 2 have personal and/or business life insurance? (If Yes, give total amounts. Total amount should not include Group coverage.)  Yes  No  
 Total life insurance \$ \_\_\_\_\_ Total accidental death insurance \$ \_\_\_\_\_
2. Please include any life insurance coverage or annuities with this or any other company when responding to the questions below. If any of questions a., b., or c. below are answered Yes, please identify question number and provide specifics in d.
- a. Does Proposed Insured 2 have any existing insurance policies or annuity contracts in force?  Yes  No
- b. Does Proposed Insured 2 have any pending (within the last six months) insurance policies or annuity contracts?  Yes  No
- c. Will the insurance being applied for discontinue, reduce, change, or replace any existing insurance policy or annuity contract?  Yes  No
- d. Details for any question answered Yes in a., b., or c. above.

| Quest. # | Company name | Policy/contract # or pending | Business (B) or Personal (P)? Life (L) or Annuity (A)?   | Issue Year | Amount | Replacing?  |
|----------|--------------|------------------------------|--|------------|--------|---|
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |

3. Has Proposed Insured 2 had coverage declined, postponed or modified, or has Proposed Insured 2 been denied reinstatement of coverage or been offered coverage other than as applied for?  Yes  No  
 If Yes, please explain. \_\_\_\_\_

4. Has the agent/producer taking this application recommended the full or partial liquidation of a securities product to be used to fund this policy? If Yes, registered representatives must complete and submit Horace Mann Investors, Inc. Transfer/Exchange/Rollover/Switch Form.  Yes  No

**Health history for Proposed Insured 2**

Height 5 ft. 7 in. Weight 140 lbs.

Have you lost weight in the last 12 months?  Yes  No

If Yes, give amount lost and reasons why: \_\_\_\_\_

**Tobacco usage**

In the last 36 months, have you used cigarettes, cigars, pipes, chewing tobacco, e-cigarettes, nicotine substitutes or any other form of tobacco?  Yes  No  
 If Yes, provide type of tobacco and date (mo/yr) last used. \_\_\_\_\_

**A. Medical information (If any answer is Yes, please provide Details in Section D below.)**

1. Please provide the name and address of your personal or attending physician(s) seen in the last 5 years.

|  | Physician #1   | Physician #2 |
|--|--|--------------|
| Physician name and address             | Dr. Feel Good<br>89 Carter Street, Anytown, IL 12345 |              |
| Physician telephone #                  | 999-999-9999   |              |
| Date and reason last seen              | 03/01/2012 Checkup                                   |              |
| Tests performed/<br>Treatment received | Received script for birth control                    |              |

2. List all medications and dosages you are currently taking or have taken in the last 30 days, including prescriptions, over the counter drugs, and herbal supplements. birth control pills

3. Have you ever been medically treated for or had any known indication of:

- a. Seizures, epilepsy, paralysis, dizziness, fainting, recurrent headaches, stroke, or any other disease or disorder of the brain or nervous system?  Yes  No
  - b. Depression, anxiety, chronic fatigue, ADHD, stress, or any other mental or nervous disorder?  Yes  No
  - c. Asthma, bronchitis, allergies, emphysema, sleep apnea, shortness of breath, sarcoidosis, chronic obstructive pulmonary disease (COPD), tuberculosis, or any other disease or disorder of the respiratory system?  Yes  No
  - d. Hepatitis, cirrhosis, anemia, or any other disease or disorder of the liver or blood?  Yes  No
  - e. Ulcer, colitis, ulcerative colitis, Crohn's disease, diverticulitis, internal bleeding, or any other disease or disorder of the gallbladder, pancreas, stomach, or intestines?  Yes  No
  - f. High blood pressure, chest pain, heart attack, heart murmur, palpitations, or any other disease or disorder of the heart, blood vessels, or circulatory system?  Yes  No
  - g. Any tumor, cancer, cysts, melanoma, lymphoma, or any other disease or disorder of the skin or lymph glands?  Yes  No
  - h. Diabetes, elevated blood sugar, thyroid, or any other endocrine or glandular disorder?  Yes  No
  - i. Arthritis, gout, fibromyalgia, or any other disorder of the back, neck, spine, muscles, nerves, bones, or joints?  Yes  No
  - j. Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the kidneys or bladder?  Yes  No
  - k. Any complications of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, or any sexually transmitted disease?  Yes  No
  - l. Disorder of the eyes, ears, nose, or throat, loss of limb, congenital deformity, or amputation?  Yes  No
  - m. Any mental or physical disorder or medically or surgically treated condition not listed above?  Yes  No
4. Have you, in the last 12 months, received disability benefits of any kind or been disabled for more than 30 days?  Yes  No
5. Are you currently receiving treatment of any kind or have you been scheduled or been advised to see a licensed medical professional, or scheduled or been advised to have a check up, any diagnostic tests (e.g., x-ray, EKG, blood test), hospitalization, surgery or medical tests?  Yes  No
6. In the last 5 years, have you been diagnosed by or received treatment from a licensed medical professional for Acquired Immune Deficiency Syndrome (AIDS) or human immunodeficiency virus infection (HIV)?  Yes  No
7. Have you ever been treated for drug or alcohol abuse or been advised by a licensed medical professional to limit your use of alcohol or any medication, prescribed or not? If Yes, please complete the alcohol and drug questionnaire.  Yes  No
8. Within the last 10 years, have you used or experimented with cocaine, marijuana, heroin, amphetamines, barbiturates, narcotics, or other stimulants or depressants? If Yes, please complete the alcohol and drug questionnaire.  Yes  No

**B. General risk information (If any answer is Yes, please provide Details in Section D below.)**

1. In the last 5 years, have you been convicted of (a) 2 or more moving violations or (b) driving under the influence of alcohol or other drugs, or have you had your driver's license suspended, restricted or revoked? If Yes, please indicate type and dates in Details below.  Yes  No
2. Have you ever made any flights or do you plan to fly in the next 24 months as a pilot, crew member or student pilot? If Yes, please complete the aviation questionnaire.  Yes  No

**B. General risk information (continued) (If any answer is Yes, please provide Details in Section D below.)**

3. In the last 5 years, have you engaged in or do you plan to engage in any motor vehicle or boat racing, scuba diving, parachuting or sky diving, hang gliding, ballooning, or mountain, rock, or technical climbing; or any other similar sport? If Yes, please complete the avocation questionnaire.  Yes  No
4. Are you a member of, or do you intend to join, the armed forces, reserves, or National Guard? If Yes, please complete the military questionnaire.  Yes  No
5. Do you now or do you plan to reside or travel outside the United States or Canada within the next year? If Yes, please complete the foreign travel/residence questionnaire.  Yes  No
6. Have you been charged with or convicted of, or are you currently awaiting trial for, a felony or misdemeanor? If Yes, please indicate what type, date and city/county/state of felony or misdemeanor and if you are currently on probation or parole in Details below.  Yes  No

**C. Family history (If additional space is required, attach the appropriate supplement to application.)**

| Family History  | Age if living & health status  | Age at death & cause |    |
|---|--------------------------------|----------------------|----|
| Father  | Frank, age 60, good health     |                      |    |
| Mother  | Ruth, age 59, excellent health |                      |    |
| Siblings  |                                |                      |    |
|   |                                |                      |    |
| <b>If Proposed Insured 2 is a juvenile, provide the amount of life insurance in force on the parents.</b> |                                |                      |    |
| Mother  | \$                             | Father               | \$ |

**D. Details**

For each "Yes" answer identify by section and question # and give full explanation, including: diagnoses, dates, duration, treatment and medications and name, address, telephone # of all attending physicians and medical facilities.

| Section and Question # | Explanation |
|------------------------|-------------|
|                        |             |

## Fraud notice

[Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.]

## Agreement and acknowledgment

Each of the undersigned declares and acknowledges that:

1. My application for life insurance consists of: (a) application for life insurance; (b) supplemental medical application for life insurance, if required; (c) any amendments to the application(s) attached thereto; and (d) any supplements to application (including questionnaires) which are required by Horace Mann Life Insurance Company (the "Company") for the product, amount and benefits applied for.
2. Unless otherwise provided by the conditional receipt for premium deposit, the Company will have no liability under this application or any policy issued as a result of this application unless and until: (a) the application has been received and approved by the Company at its home office; (b) the policy has been issued and delivered to the policy owner; (c) the first premium has been paid to and accepted by the Company; and (d) at the time of delivery of the policy and payment of the first premium, the facts concerning the insurability of each person proposed for coverage, including any child named in the Children's Term Insurance Supplement, if applicable, are as stated in this application and have not changed.
3. No agent/producer, broker or medical examiner has the authority to make or modify any Company contract or to waive any of the Company's requirements.
4. The Company may make corrections, additions or changes to my application. Any such changes will be shown in an amendment to application. Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), product, amount, or benefits unless agreed to in writing by the Proposed Insured(s) (and Proposed Owner(s) if different from the Proposed Insured(s)).
5. I have read, or have had read to me, the completed application for life insurance before signing below. All statements and answers in the application for life insurance are correctly recorded, and are full, complete and true to the best of my knowledge and belief. I understand that any material misrepresentation contained herein or in any other document which is a part of my application for life insurance may be used to reduce or deny a claim and/or contest the policy within the contestable period.

## Authorization

Each of the undersigned declares and acknowledges that:

The following sources are authorized to disclose medical and non-medical information about the Proposed Insured(s) to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) any medical practitioner; (3) any hospital, clinic, Veterans Administration, or other health care provider; (4) any insurance company; (5) any consumer reporting agency; and (6) the MIB, Inc. This includes but is not limited to all information as to any medical history, consultations, diagnosis, prognosis, prescriptions, treatments, tests, and any information regarding alcohol or drug abuse.

I understand that the information obtained will be used to determine eligibility for insurance for each Proposed Insured. Horace Mann Life Insurance Company may release any such information to its reinsurers and the MIB, Inc. To facilitate rapid submission, all such sources are authorized, except the MIB, Inc., to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information. I agree that a photocopy of this authorization is as valid as the original and this authorization shall be valid for 24 months from the date signed. I understand that I or one of my authorized representatives may receive a copy of this authorization by requesting the same from my Horace Mann agent/producer or the Horace Mann home office.

I have received a copy of the consumer privacy notice which: (1) details the methods I must use to exercise my rights to access, correct, and amend any information gathered about the Proposed Insured(s) which relates to my application for life insurance; and (2) includes information about consumer reports and the MIB, Inc. Failure to make this authorization may be a basis for denying my application for life insurance. I understand that I can provide written revocation of this authorization to the Company at any time, except if: (1) the Company has taken action in reliance on the authorization; or (2) the Company is using the authorization in connection with a contestable claim under my policy. Revoking this authorization may be a basis for denying my application for life insurance or for denying benefits.

I >Ž S' S'' "

[Policy Number: 1234567890]

**[Electronic signature agreement**

I understand that my life application and all related documents required as part of the application process will be completed with an agent/producer of Horace Mann Life Insurance Company.

This information will be used to create a paper application which will be inserted into my life policy. All electronic documents maintained by the Company are the sole original versions of the documents. The Company maintains physical, electronic and procedural safeguards to protect all nonpublic personal information from unauthorized use or improper access.

I understand that I may sign the application and related forms using an electronic signature process. Signatures will be displayed on the computer screen in real time. If any information in the application is changed after the electronic signature is captured, the electronic signature will be erased and a new electronic signature will be required to complete the application. Electronic signatures are encrypted and cannot be used for any purpose other than the execution of the application and related documents.

I also understand that I am not required to use the electronic signature process.

I agree to the use of electronic signatures which will constitute legally binding signatures.]

**Signatory section**

Signed at Anytown, IL (city/state) on 11/02/2012 (date) which is the same date the application was written and signature(s) received. If applicable, the required premium deposit of \$ 72.90 Zae been collected.

\_\_\_\_\_  
Signature of Proposed Insured 1 (Age 15 and over)

\_\_\_\_\_  
Signature of Proposed Insured 2 (Age 15 and over)

\_\_\_\_\_  
Signature of parent (Required if Proposed Insured is under age 18)

\_\_\_\_\_  
Signature of spouse (Required in community property states if spouse is not a Proposed Insured or Proposed Owner)

\_\_\_\_\_  
Signature of Proposed Owner (1) (Give title if signed on behalf of a business)

\_\_\_\_\_  
Signature of Proposed Owner (2) (Give title if signed on behalf of a business)

**To be completed by agent/producer only**

Do you know or have any reason to believe that replacement of insurance or an annuity is involved?  Yes  No

If replacement is involved, complete and submit required forms or indicate details of transaction below if forms are not required. \_\_\_\_\_

\_\_\_\_\_  
Joe Agent, #1234

\_\_\_\_\_  
Printed name and number of Agent/Producer (1)

\_\_\_\_\_  
Printed name and number of Agent/Producer (2)

\_\_\_\_\_  
Signature of Agent/Producer (1)

\_\_\_\_\_  
Signature of Agent/Producer (2)

987654321 100%  
\_\_\_\_\_  
State License # (if applicable) Percentage

\_\_\_\_\_  
\_\_\_\_\_  
State License # (if applicable) Percentage

## **Horace Mann Life Insurance Company**

A Stock Company  
1 Horace Mann Plaza  
Springfield, Illinois 62715-0001  
800-999-1030  
horacemann.com

### **Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost**

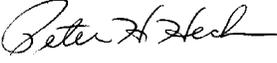
We agree to pay the Insurance Benefits and to provide the other rights and benefits of this policy in accordance with its provisions.

This policy:

- provides level term life insurance on the life of the Insured to the Final Expiry Date;
- has guaranteed premiums for all policy years;
- has premiums that will not increase during the Specified Period;
- is annually Renewable following the Specified Period to the Final Expiry Date;
- is convertible before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier; and
- will develop Cash Value.

This is a nonparticipating policy under which no dividends are paid.

Signed for the Company at Springfield, Illinois on the Date of Issue.



President



Corporate Secretary

**Right to examine this policy — It is important for You to be satisfied with this policy. We hope that it meets Your insurance goals. If You are not satisfied, You may return the policy to Us or the agent from whom You purchased it within 20 days after it is delivered to You, and We will refund any premiums You have paid. Return of the policy shall void it as if it had never been issued. If this policy was purchased as a replacement of other coverage, the right to examine this policy will be extended to 30 days.**

This policy is a legal contract between the contract owner and Horace Mann Life Insurance Company.

**Read Your contract carefully.**

We are providing a brief outline of some of the important features of Your contract. This outline is not part of the insurance contract. Only the actual contract provisions will control. The contract sets forth, in detail, the rights and obligations of both You and Horace Mann Life Insurance Company.

**It is therefore important that You read Your contract carefully.**

While this **term life insurance** contract is In Force, it provides a level death benefit to the policy anniversary date following the Insured's age 95. Premiums for this contract are guaranteed for all policy years and are payable as shown on the Table of Guaranteed Annual Premiums. Premiums for this contract will not increase during the Specified Period. After the Specified Period, this policy will automatically Renew annually to the Final Expiry Date.

This term life insurance is convertible before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier. This term life insurance will develop Cash Value that may be used to continue the policy as reduced paid-up term life insurance.

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Additional benefit provisions or restrictions, if any, and a copy of the application are attached.

POLICY DATA

Policy Number: [00 0000000 0]  
Policy Date: [08-01-2012]  
Date of Issue: [08-01-2012]  
Insurance Amount: \$[25,000]  
Insured: [John Doe]  
Age of Insured as of Policy Date: [35]  
Gender Class of Insured: [Male]  
Beneficiary: Is as stated in the initial application unless changed later upon request.  
Policy Data page prepared as of: [08-01-2012]  
Specified Period: [20] Years  
Policy Fee: \$50 charged each year throughout the lifetime of the policy.  
Premium Payment Options: \$[270.00] annual  
\$[140.40] semi-annual  
\$[ 72.90] quarterly  
[Quarterly] payment frequency selected  
\$[ 72.90] modal premium payment  
We may offer other premium payment options in addition to those shown above. The annual policy fee is included in the amounts shown for the premium payment options.  
Initial Premium: \$[ 72.90] due on [08-01-2012]  
Annual premiums for the level term coverage are shown on the Table of Guaranteed Annual Premiums. The due dates for subsequent premiums are based on the payment frequency selected. All premiums after the first may be paid to Our Home Office or to one of Our authorized agents. A receipt signed by one of the officers of the Company will be furnished upon request.  
[Illinois Department of Insurance]  
Telephone Number: [217-555-1234]

POLICY DATA (CONTINUED)

Insured: [John Doe]  
Policy Number: [00 0000000 0]  
Policy Data page prepared as of: [08-01-2012]

Benefits

Level Term Life Insurance to Age 95,  
Annually Renewable Following the  
Specified Period, Guaranteed Cost

Specified Period: [20] Years  
Insurance Amount: \$[25,000]  
Coverage Effective Date: [08-01-2012]  
Final Expiry Date: [08-01-2072] (Policy anniversary date following  
the attainment of the Insured's age 95)  
Premium Class: [Standard (Nontobacco), male, age 35]  
Guaranteed Annual Premium  
During the Specified Period: \$[179.50] (Includes \$50 policy fee)

All premiums for this policy are guaranteed.  
Annual premiums for this level term coverage  
for subsequent years are shown on the Table of  
Guaranteed Annual Premiums.

[Waiver of Premium Benefit Rider

Insurance Amount (covered by  
rider): \$25,000  
Coverage Effective Date: 08-01-2012  
Issue Date: 08-01-2012  
Coverage Period: Terminates 08-01-2037  
Premium Class: Standard (Nontobacco), male, age 35  
Annual Premium:  
Years Payable - 25 Years  
Amount - \$8.00]

POLICY DATA (CONTINUED)

Insured: [John Doe]  
Policy Number: [00 0000000 0]  
Policy Data page prepared as of: [08-01-2012]

Benefits

[Childrens Term Insurance -  
Insured Children: As defined  
in the rider

Benefit Amount: \$10,000 On Each Insured Child  
Coverage Effective Date: 08-01-2012  
Issue Date: 08-01-2012  
Coverage Period: Rider terminates 08-01-2039. Each child's  
coverage terminates on the rider anniversary  
date following that child's age 25 or the  
rider termination date shown above, whichever  
is earlier.  
Premium Class: Standard  
Annual Premium:  
Years Payable - 27 Years  
Amount - \$80.00]

[Waiver of Premium Benefit Rider

Benefit Amount (covered by  
rider): \$10,000  
Coverage Effective Date: 08-01-2012  
Issue Date: 08-01-2012  
Coverage Period: Terminates 08-01-2037  
Premium Class: Standard, male, age 35  
Annual Premium:  
Years Payable - 25 Years  
Amount - \$2.50]

TABLE OF GUARANTEED VALUES

Insured: [John Doe]  
 Policy Number: [00 0000000 0]  
 Date Prepared: [08-01-2012]  
 Coverage: Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost  
 Specified Period: [20] Years  
 Insurance Amount: \$[25,000]  
 Coverage effective as of: [08-01-2012]  
 Class: [Standard (Nontobacco), male, age 35]

| Attained age | Policy year-end | Cash Values | Reduced paid-up term life insurance |
|--------------|-----------------|-------------|-------------------------------------|
| [36          | 1               | \$0.00      | 0.00                                |
| 37           | 2               | 0.00        | 0.00                                |
| 38           | 3               | 0.00        | 0.00                                |
| 39           | 4               | 39.50       | 200.50                              |
| 40           | 5               | 146.75      | 716.50                              |
| 41           | 6               | 258.75      | 1,215.75                            |
| 42           | 7               | 376.00      | 1,700.25                            |
| 43           | 8               | 498.75      | 2,171.25                            |
| 44           | 9               | 627.25      | 2,629.75                            |
| 45           | 10              | 762.00      | 3,077.75                            |
| 46           | 11              | 903.25      | 3,515.75                            |
| 47           | 12              | 1,051.50    | 3,945.50                            |
| 48           | 13              | 1,207.00    | 4,366.25                            |
| 49           | 14              | 1,370.50    | 4,779.75                            |
| 50           | 15              | 1,542.00    | 5,185.25                            |
| 51           | 16              | 1,722.50    | 5,585.75                            |
| 52           | 17              | 1,912.25    | 5,981.50                            |
| 53           | 18              | 2,112.25    | 6,375.75                            |
| 54           | 19              | 2,322.75    | 6,768.50                            |
| 55           | 20              | 2,545.00    | 7,163.50                            |
| Age 60       | 25              | 2,545.00    | 6,069.75                            |
| Age 62       | 27              | 2,545.00    | 5,700.50                            |
| Age 65       | 30              | 2,545.00    | 5,218.25]                           |

All guaranteed Cash Values and reduced paid-up insurance values shown assume that the premiums are paid to the policy year-end. All of these guaranteed values meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy is delivered. We have given the insurance officials there a detailed statement of how We computed the values and benefits. All guaranteed values are based on the 2001 Commissioners Standard Ordinary Mortality Table. The basis for the Mortality Table is age last birthday, sex distinct, smoker distinct and assumes deaths occur at the end of the policy year. The interest rate used to compute the guaranteed values is 4.50% per year. The adjusted premiums used to determine the guaranteed Cash Values are determined using the nonforfeiture net level premium method assuming a level premium. You may obtain values for all years after 20 years by writing Our Home Office.

TABLE OF GUARANTEED ANNUAL PREMIUMS

Insured: [John Doe]  
 Policy Number: [00 0000000 0]  
 Date Prepared: [08-01-2012]  
 Specified Period: [20] Years  
 Insurance Amount: \$[25,000]  
 Coverage effective as of: [08-01-2012]  
 Class: [Standard (Nontobacco), male, age 35]

| Attained Age | Policy Year | Guaranteed Annual Premiums |
|--------------|-------------|----------------------------|
| [35]         | 1           | \$179.50]                  |
| [36]         | 2           | 179.50]                    |
| [37]         | 3           | 179.50]                    |
| [38]         | 4           | 179.50]                    |
| [39]         | 5           | 179.50]                    |
| [40]         | 6           | 179.50]                    |
| [41]         | 7           | 179.50]                    |
| [42]         | 8           | 179.50]                    |
| [43]         | 9           | 179.50]                    |
| [44]         | 10          | 179.50]                    |
| [45]         | 11          | 179.50]                    |
| [46]         | 12          | 179.50]                    |
| [47]         | 13          | 179.50]                    |
| [48]         | 14          | 179.50]                    |
| [49]         | 15          | 179.50]                    |
| [50]         | 16          | 179.50]                    |
| [51]         | 17          | 179.50]                    |
| [52]         | 18          | 179.50]                    |
| [53]         | 19          | 179.50]                    |
| [54]         | 20          | 179.50]                    |
| [55]         | 21          | 195.50]                    |
| [56]         | 22          | 212.00]                    |
| [57]         | 23          | 228.00]                    |
| [58]         | 24          | 244.00]                    |
| [59]         | 25          | 262.75]                    |
| [60]         | 26          | 285.50]                    |
| [61]         | 27          | 313.25]                    |
| [62]         | 28          | 345.50]                    |
| [63]         | 29          | 380.75]                    |
| [64]         | 30          | 417.50]                    |
| [65]         | 31          | 455.75]                    |
| [66]         | 32          | 494.50]                    |
| [67]         | 33          | 535.00]                    |
| [68]         | 34          | 577.75]                    |
| [69]         | 35          | 625.75]                    |
| [70]         | 36          | 681.75]                    |
| [71]         | 37          | 749.75]                    |
| [72]         | 38          | 829.25]                    |
| [73]         | 39          | 913.00]                    |
| [74]         | 40          | 1,003.00]                  |

All premiums for this policy are guaranteed. The above table shows the guaranteed annual premiums for the level term life insurance. The policy fee and any applicable rated class extra premiums for the level term life insurance are included in the premiums above.

TABLE OF GUARANTEED ANNUAL PREMIUMS (CONTINUED)

Insured: [John Doe]  
 Policy Number: [00 0000000 0]  
 Date Prepared: [08-01-2012]  
 Specified Period: [20] Years  
 Insurance Amount: \$[25,000]  
 Coverage effective as of: [08-01-2012]  
 Class: [Standard (Nontobacco), male, age 35]

| Attained Age | Policy Year | Guaranteed Annual Premiums |
|--------------|-------------|----------------------------|
| [75]         | 41          | \$1,101.00]                |
| [76]         | 42          | 1,211.50]                  |
| [77]         | 43          | 1,340.00]                  |
| [78]         | 44          | 1,489.25]                  |
| [79]         | 45          | 1,656.50]                  |
| [80]         | 46          | 1,843.00]                  |
| [81]         | 47          | 2,045.75]                  |
| [82]         | 48          | 2,260.50]                  |
| [83]         | 49          | 2,495.00]                  |
| [84]         | 50          | 2,755.75]                  |
| [85]         | 51          | 3,045.75]                  |
| [86]         | 52          | 3,364.75]                  |
| [87]         | 53          | 3,709.50]                  |
| [88]         | 54          | 4,076.00]                  |
| [89]         | 55          | 4,460.50]                  |
| [90]         | 56          | 4,843.50]                  |
| [91]         | 57          | 5,220.50]                  |
| [92]         | 58          | 5,615.50]                  |
| [93]         | 59          | 6,032.00]                  |
| [94]         | 60          | 6,470.75]                  |

All premiums for this policy are guaranteed. The above table shows the guaranteed annual premiums for the level term life insurance. The policy fee and any applicable rated class extra premiums for the level term life insurance are included in the premiums above.

Equal monthly income payments for each \$1,000 of Insurance Benefits or Cash Value

| <b>Option A and B Tables</b> |  |        |          |        |          |        |          |        |                                    |                     |
|------------------------------|--|--------|----------|--------|----------|--------|----------|--------|------------------------------------|---------------------|
| Age of Payee                 | Life income with payments guaranteed for Life only, 10, 15 or 20 years |        |          |        |          |        |          |        | Income payments for a Fixed Period |                     |
|                              | Life Only  |        | 10 Years |        | 15 Years |        | 20 Years |        | Number of Years in Fixed Period    | Fixed Period Income |
|                              | Male   | Female | Male     | Female | Male     | Female | Male     | Female |                                    |                     |
| 50                           | 3.02   | 2.78   | 3.00     | 2.77   | 2.97     | 2.75   | 2.92     | 2.73   | 10                                 | 8.75                |
| 51                           | 3.09   | 2.84   | 3.07     | 2.83   | 3.04     | 2.81   | 2.98     | 2.78   | 11                                 | 7.99                |
| 52                           | 3.17   | 2.90   | 3.14     | 2.89   | 3.10     | 2.87   | 3.04     | 2.84   | 12                                 | 7.36                |
| 53                           | 3.25   | 2.97   | 3.22     | 2.96   | 3.18     | 2.94   | 3.11     | 2.90   | 13                                 | 6.83                |
| 54                           | 3.33   | 3.04   | 3.30     | 3.03   | 3.25     | 3.00   | 3.17     | 2.96   | 14                                 | 6.37                |
| 55                           | 3.42   | 3.12   | 3.38     | 3.10   | 3.33     | 3.07   | 3.24     | 3.02   | 15                                 | 5.98                |
| 56                           | 3.51   | 3.20   | 3.47     | 3.18   | 3.41     | 3.15   | 3.30     | 3.09   | 16                                 | 5.63                |
| 57                           | 3.61   | 3.29   | 3.56     | 3.26   | 3.49     | 3.22   | 3.37     | 3.16   | 17                                 | 5.33                |
| 58                           | 3.72   | 3.38   | 3.66     | 3.35   | 3.58     | 3.30   | 3.44     | 3.23   | 18                                 | 5.05                |
| 59                           | 3.83   | 3.47   | 3.76     | 3.44   | 3.67     | 3.39   | 3.51     | 3.30   | 19                                 | 4.81                |
| 60                           | 3.95   | 3.57   | 3.87     | 3.53   | 3.76     | 3.47   | 3.59     | 3.37   | 20                                 | 4.59                |
| 61                           | 4.07   | 3.68   | 3.99     | 3.63   | 3.86     | 3.57   | 3.66     | 3.45   | 21                                 | 4.40                |
| 62                           | 4.21   | 3.79   | 4.11     | 3.74   | 3.96     | 3.66   | 3.73     | 3.53   | 22                                 | 4.22                |
| 63                           | 4.35   | 3.91   | 4.23     | 3.85   | 4.06     | 3.76   | 3.80     | 3.60   | 23                                 | 4.05                |
| 64                           | 4.50   | 4.04   | 4.36     | 3.97   | 4.16     | 3.86   | 3.87     | 3.68   | 24                                 | 3.90                |
| 65                           | 4.67   | 4.18   | 4.50     | 4.10   | 4.27     | 3.97   | 3.94     | 3.76   | 25                                 | 3.76                |
| 66                           | 4.84   | 4.32   | 4.65     | 4.23   | 4.38     | 4.08   | 4.00     | 3.84   | 26                                 | 3.64                |
| 67                           | 5.02   | 4.48   | 4.80     | 4.37   | 4.48     | 4.19   | 4.07     | 3.91   | 27                                 | 3.52                |
| 68                           | 5.22   | 4.65   | 4.95     | 4.51   | 4.59     | 4.31   | 4.13     | 3.99   | 28                                 | 3.41                |
| 69                           | 5.43   | 4.83   | 5.11     | 4.67   | 4.70     | 4.42   | 4.18     | 4.06   | 29                                 | 3.31                |
| 70                           | 5.66   | 5.03   | 5.28     | 4.83   | 4.81     | 4.54   | 4.24     | 4.13   | 30                                 | 3.21                |
| 71                           | 5.90   | 5.24   | 5.45     | 5.00   | 4.91     | 4.66   | 4.29     | 4.19   |                                    |                     |
| 72                           | 6.15   | 5.47   | 5.62     | 5.18   | 5.01     | 4.78   | 4.33     | 4.25   |                                    |                     |
| 73                           | 6.42   | 5.71   | 5.80     | 5.37   | 5.11     | 4.90   | 4.37     | 4.30   |                                    |                     |
| 74                           | 6.71   | 5.98   | 5.98     | 5.56   | 5.21     | 5.02   | 4.41     | 4.35   |                                    |                     |
| 75                           | 7.02   | 6.26   | 6.17     | 5.76   | 5.30     | 5.13   | 4.44     | 4.39   |                                    |                     |

The age shown is the Payee's age last birthday when income payments begin.

Equal monthly income payments for each \$1,000 of Insurance Benefits or Cash Value

| <b>Option C Table</b>                           |             |             |             |             |             |
|---|-------------|-------------|-------------|-------------|-------------|
| Joint and Survivor with 50 Percent to Survivor  |             |             |             |             |             |
| Age of Payees                                   | Male Age 55 | Male Age 60 | Male Age 65 | Male Age 70 | Male Age 75 |
| Female Age 55                                   | 3.26        | 3.48        | 3.74        | 4.02        | 4.32        |
| Female Age 60                                   | 3.49        | 3.75        | 4.05        | 4.38        | 4.73        |
| Female Age 65                                   | 3.76        | 4.06        | 4.41        | 4.81        | 5.24        |
| Female Age 70                                   | 4.07        | 4.42        | 4.84        | 5.32        | 5.86        |
| Female Age 75                                   | 4.42        | 4.84        | 5.35        | 5.94        | 6.62        |
| Joint and Survivor with two-thirds to Survivor  |             |             |             |             |             |
| Age of Payees                                   | Male Age 55 | Male Age 60 | Male Age 65 | Male Age 70 | Male Age 75 |
| Female Age 55                                   | 3.08        | 3.26        | 3.44        | 3.62        | 3.80        |
| Female Age 60                                   | 3.29        | 3.51        | 3.75        | 3.99        | 4.21        |
| Female Age 65                                   | 3.51        | 3.79        | 4.09        | 4.41        | 4.72        |
| Female Age 70                                   | 3.73        | 4.08        | 4.47        | 4.90        | 5.32        |
| Female Age 75                                   | 3.97        | 4.39        | 4.88        | 5.44        | 6.03        |
| Joint and Survivor with 100 Percent to Survivor |             |             |             |             |             |
| Age of Payees                                   | Male Age 55 | Male Age 60 | Male Age 65 | Male Age 70 | Male Age 75 |
| Female Age 55                                   | 2.76        | 2.88        | 2.97        | 3.03        | 3.06        |
| Female Age 60                                   | 2.94        | 3.12        | 3.27        | 3.38        | 3.46        |
| Female Age 65                                   | 3.09        | 3.34        | 3.58        | 3.78        | 3.93        |
| Female Age 70                                   | 3.21        | 3.54        | 3.89        | 4.22        | 4.50        |
| Female Age 75                                   | 3.29        | 3.69        | 4.16        | 4.64        | 5.11        |

The age shown is the Payee's age last birthday when income payments begin.

## General definitions

"Beneficiary" is the person or persons You choose to receive the Insurance Benefits.

"Cash Value" is the value which accumulates in this policy. The Table of Guaranteed Values on page 3 shows Cash Value at policy year-end under the assumptions stated.

"Coverage Effective Date" is the effective date of the coverage and is typically the same date as the Policy Date. However, the Coverage Effective Date may be different for any riders and/or benefits added to this policy after the Policy Date.

"Date of Issue" is the date from which the suicide and incontestability periods are measured. This date is shown on Policy Data page 2(1).

"Final Expiry Date" means the policy anniversary date following the attainment of the Insured's age 95 and is the date the Insurance Benefits under this policy end and this policy is no longer In Force. See Policy Data page 2(2) for the Final Expiry Date of this policy.

"Home Office" refers to the contact information of Our Home Office. Our mailing address is 1 Horace Mann Plaza, Springfield, Illinois 62715. The Company web site and telephone number are: horacemann.com; 800-999-1030.

"In Force" means this policy has not terminated due to lapse, nonrenewal, surrender for Cash Value, the Insured's death, or the Final Expiry Date shown on Policy Data page 2(2).

"Insurance Amount" is the insurance coverage under this policy as stated on Your most recent Policy Data page 2(1).

"Insurance Benefits" is the amount We will pay when the Insured dies.

"Insured" is the person whose life is insured under this policy as shown on the Policy Data pages.

"Irrevocable Beneficiary" is a Beneficiary You indicate cannot be changed without such Beneficiary's written consent.

"Payee" is any individual entitled to receive income payments under any settlement option benefit.

"Policy Date" is the date this policy becomes effective. This is the date from which policy anniversaries, policy years and premium due dates are determined. This date is shown on Policy Data page 2(1).

"Renewable" or "Renew" means the right to continue this policy In Force after the Specified Period by paying premiums based on the Insured's attained age as shown on the Table of Guaranteed Annual Premiums page(s).

"Single Premium Whole Life insurance policy" is a whole life insurance policy that is purchased with a single premium payment and that provides coverage until death.

"Specified Period" is the period of time following the Policy Date, during which premiums will not increase. The Specified Period is shown on the Policy Data pages.

"We", "Our", "Us" and "Company" refer only to Horace Mann Life Insurance Company.

"Written Request" is a request in writing in a form satisfactory to Us and received at Our Home Office.

"You" and "Your" refers to the owner(s) of this policy.

## Your plan of insurance

Your plan of insurance provides level term life insurance on the life of the Insured to the policy anniversary date following the attainment of the Insured's age 95. While this policy is In Force, We will pay the Insurance Benefits when the Insured dies and We receive due proof of death of the Insured at Our Home Office. Annual premiums for this level term life insurance are guaranteed for all policy years as shown on the

Table of Guaranteed Annual Premiums page(s). This policy will develop Cash Value. For details, see the Table of Guaranteed Values, page 3.

While this policy is In Force, coverage under this policy may be converted to a permanent plan of insurance before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier. There is only one conversion available after the first 10 policy years. On the date of conversion, there will always be at least one permanent policy to which You may convert Your policy.

## **Who benefits from this policy?**

### **Owner**

The owner of this policy is the Insured unless otherwise stated in the application or later changed by Written Request. This policy belongs to You, the owner. Unless You provide otherwise, You may exercise all rights and options of this policy while the Insured is living, subject to the rights of any Irrevocable Beneficiary or assignee.

### **Beneficiary**

The Beneficiary will be the person(s) named as such in the application, unless later changed by Written Request. The Beneficiary is entitled to the Insurance Benefits of this policy unless prohibited by state law. If there is no valid Beneficiary designation or if no Beneficiary survives the Insured, the Insurance Benefits will be payable to the Insured's estate. Any reference to a Beneficiary living or surviving means the person must be living on the earlier of:

- the day We receive due proof of death of the Insured; or
- the 15th day after the Insured's death.

### **Changing the owner or Beneficiary**

While the Insured is living, You may change the owner of this policy subject to the rights of any

Irrevocable Beneficiary or assignee. You may also change Your Beneficiary at any time subject to the rights of any Irrevocable Beneficiary or assignee. The written consent of each Irrevocable Beneficiary or assignee will be required as part of the Written Request. You may contact Our Home Office for a change of ownership or Beneficiary change form.

Requested changes must be in a Written Request. If Your spouse's or ex-spouse's signature is required by law, their signature will also be required on the Written Request.

Upon receipt of Your Written Request at Our Home Office, the change will take effect on the date You signed the request, unless otherwise specified by You. Your request is subject to any payment We make or other action We take before receipt of the request.

### **Assignment**

An assignment is a transfer of all or some of the policy's rights and benefits to someone else. You may assign this policy. We will not be responsible for the validity of an assignment. The assignment must be received in a Written Request. The written consent of any Irrevocable Beneficiary will be required as part of the Written Request. If Your spouse's or ex-spouse's consent is required by law, their consent will also be required. Any assignment, unless otherwise specified by You, shall take effect on the date the notice of assignment is signed by You, subject to any payments made or action taken by Us prior to receipt of such notice at Our Home Office. When it is received, Your rights and those of any Beneficiary will be subject to the terms of the assignment. You may contact Our Home Office for an assignment form.

## **The Insurance Benefits We pay**

We will pay the Insurance Benefits in accordance with this policy's provisions upon receipt of due proof of death of the Insured. The Insurance Benefits, determined as of the date of death, will be the total of:

- the Insurance Amount currently in effect, or if applicable, the amount of reduced paid-up term life insurance;
- plus
- any part of the last premium paid that applies to a period beyond the policy month in which the Insured dies;
- minus
- the amount of any overdue premium if the Insured dies during the grace period.

We will pay interest on the Insurance Benefits to the extent required by applicable state law.

## **The premiums You pay**

### **Premiums You pay**

The first premium is due on the Policy Date. You must pay the remaining premiums on or in advance of each premium due date.

The Policy Date is the date from which premium due dates are determined. The premium due date is based on the premium payment option selected. The Policy Data pages show the Specified Period, guaranteed annual premiums and payment option selected.

Annual premiums for this policy are guaranteed for all policy years as shown on the Table of Guaranteed Annual Premiums page(s).

Premiums will not increase during the Specified Period. After the Specified Period, this policy will automatically Renew annually to the Final Expiry Date. You will not need to provide proof that the Insured is insurable when this policy Renews.

### **Frequency of Your payments**

You may ask to change the frequency of Your premium payments. Upon approval, We will tell You the amount of the premium required at the new frequency to maintain Your plan of insurance.

### **We allow a grace period**

We will allow a grace period of 31 days for paying each premium due after the first premium. The policy remains In Force during the

grace period. If the Insured dies during the grace period, We will pay the Insurance Benefits according to "The Insurance Benefits We pay" provision.

### **How Your policy may lapse**

If the premium due for Your insurance policy is not paid by the end of its grace period, Your policy will lapse. The term "lapse" means that this policy, including any riders, ends for nonpayment of premiums. The lapse date will be the premium due date. (See "What if Your policy lapses?" for details.)

## **The term conversion available**

While this policy is In Force, You may convert all or part of the Insurance Amount to a permanent policy issued by Us on the date of conversion as explained below. All conversions must be made before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier. There is only one conversion available after the first 10 policy years. There will always be at least one permanent policy available for conversion.

During the first 10 policy years, You may convert all or part of the Insurance Amount. Upon a partial conversion, this policy's Insurance Amount at the time of conversion is reduced by the amount converted. However, the remaining Insurance Amount cannot be less than \$25,000. We will send You new Policy Data, Table of Guaranteed Values, and Table of Guaranteed Annual Premiums page(s) when a partial conversion is made. If the entire Insurance Amount is converted, this policy ends when the new permanent policy becomes effective.

After the first 10 policy years, You may convert the entire Insurance Amount at the time of conversion or \$50,000, whichever is less. When the conversion is completed after the first 10 policy years, this policy ends when the new permanent policy becomes effective, even if You have converted less than the entire Insurance Amount at the time of conversion.

The date of conversion is the date We receive in Our Home Office both Your application for conversion and the first full premium for the new policy. The new policy will be effective on the date of conversion. However, if We receive Your application for conversion and the first full premium for the new policy during the grace period of an unpaid premium, the effective date of the new policy will be the due date of such unpaid premium.

We will reduce the Cash Value to an amount proportionate to the amount of term life insurance remaining In Force after the conversion. The difference between the Cash Value prior to conversion and the Cash Value after conversion may be paid to You or may be used toward payment of premium for the new permanent policy.

The new policy is subject to the minimum and maximum coverage amount available for that policy and will be issued as follows:

- without You providing proof that the Insured is insurable;
- for a whole life insurance amount subject to the maximums and conditions stated above;
- for the same premium class as assigned to this policy;
- for the Insured's sex, attained age last birthday, and at premium rates in effect on the date We approve the conversion;
- with an incontestable period determined from the Date of Issue of this policy or the reinstatement date, whichever is later; and
- with a suicide period determined from the Date of Issue of this policy.

A waiver of premium benefit rider may be included in the new policy without providing proof that the Insured is insurable if on the new policy date:

- the Insured's age is 55 or less;
- the waiver of premium benefit rider is in effect for this policy;
- the premiums for this policy are not being waived as a result of the Insured's total disability as defined in the waiver of

premium benefit rider in effect for this policy; and

- the Insured's disability, if any, does not eventually qualify as total disability as defined in the waiver of premium benefit rider in effect for this policy.

### **This policy may be changed**

You may make a Written Request to reduce the Insurance Amount of this policy as long as Your coverage is not being continued as reduced paid-up term life insurance. Additionally, the remaining Insurance Amount cannot be less than \$25,000. We must approve this change. We will send You new Policy Data, Table of Guaranteed Values, and Table of Guaranteed Annual Premiums page(s) when the change is made.

If We approve the change and the request is made during the Specified Period, We will use the Insured's sex and age shown on the initial Policy Data page 2(1) to determine the new guaranteed premium for the reduced Insurance Amount. Such request will not change the length of time remaining in the Specified Period. The new premium will not increase during the Specified Period. The new annual premium and annual premiums for subsequent years will be shown on the new Table of Guaranteed Annual Premiums page(s).

If We approve the change and the request is made after the Specified Period, We will use the Insured's sex and age as of the last policy anniversary date to determine the new guaranteed premium for the reduced Insurance Amount. The new annual premium and annual premiums for subsequent years will be shown on the new Table of Guaranteed Annual Premiums page(s).

Such change will be effective on the same day of the month in which We receive the request as the day of the month of the Policy Date; provided that if premiums on this policy have been paid to provide coverage to a later date,

the effective date of the change will be that later date.

We will reduce the Cash Value to an amount proportionate to the amount of term life insurance remaining In Force after the reduction. The difference between the Cash Value prior to reduction and the Cash Value after reduction may be paid to You or may be applied as a credit toward the payment of premium for the reduced Insurance Amount.

## **The Cash Value of this policy**

### **Your policy develops Cash Value**

We guarantee the Cash Value as shown in the most recent Table of Guaranteed Values page, under the assumptions stated on that page. The Cash Value may be used to continue the policy In Force as reduced paid-up term life insurance until the Final Expiry Date. While the Insured is living, You may surrender this policy for its Cash Value or surrender this policy and use the Cash Value to purchase a Single Premium Whole Life insurance policy if certain conditions are met. (See "You may purchase Single Premium Whole Life insurance" for details.)

### **The basis We used for computation**

All guaranteed values meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy is delivered. We have given the insurance officials in the state in which this policy is delivered a detailed statement of how We computed the values and benefits.

### **You may give up Your policy**

If there is a Cash Value, You may withdraw it and give up Your policy. In this case, all benefits under the policy will end. If You surrender Your policy for its Cash Value within 30 days after a policy anniversary date, the Cash Value will not be less than the Cash Value at the policy anniversary date. If You surrender Your policy at

any time other than a policy anniversary date, the Cash Value shall be calculated with allowance for lapse of time and the payment of fractional premiums beyond the last preceding policy anniversary date. At any time, the Cash Value will meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy is delivered.

### **You may purchase Single Premium Whole Life insurance**

On or before the policy anniversary date following the Insured's age 80, You may surrender Your policy and use the Cash Value to purchase a Single Premium Whole Life insurance policy if:

- the date of surrender is no later than the policy anniversary date following the Insured's age 80;
- the Cash Value on the date of surrender meets Our minimum single premium requirements for issuing a Single Premium Whole Life insurance policy;
- the premium class for this policy as shown in the Policy Data page(s) meets Our minimum requirements for issuing a Single Premium Whole Life Insurance policy; and
- the face amount of the Single Premium Whole Life insurance policy does not exceed that which the Cash Value of this policy on the date of surrender would purchase.

When Your purchase of the new Single Premium Whole Life insurance policy is completed, this policy ends when the new policy becomes effective.

If all of the above conditions have been met, the Single Premium Whole Life insurance policy will be issued as follows:

- without You providing proof that the Insured is insurable;
- for the same premium class as assigned to this policy;

- for the Insured's sex, attained age last birthday, and at premium rates in effect on the date of purchase;
- with an incontestable period determined from the Date of Issue of this policy or the reinstatement date, whichever is later;
- with a suicide period determined from the Date of Issue of this policy; and
- with an effective date equal to the date of termination of this policy.

### **What if Your policy lapses?**

If the premium due for Your insurance policy is not paid by the end of its grace period, Your policy will lapse. The term "lapse" means that benefits under this policy, including any riders, end for nonpayment of premiums, except as provided in the provisions below. The lapse date will be the premium due date.

After Your policy has lapsed, You may:

- apply for reinstatement of the lapsed policy; or
- continue the lapsed policy as reduced paid-up term life insurance until the Final Expiry Date if Your policy has Cash Value;
- surrender the policy for its Cash Value; or
- surrender the policy and use the Cash Value to purchase a Single Premium Whole Life insurance policy if certain conditions are met. (See "You may purchase Single Premium Whole Life insurance" for details.)

### **You may reinstate Your policy**

You may reinstate Your lapsed policy if:

- the policy has not been surrendered for its Cash Value;
- the policy has not been surrendered and the Cash Value used to purchase a Single Premium Whole Life insurance policy;
- We receive Your Written Request within five years of the due date of the premium in default;

- You show Us the Insured is still insurable according to Our written guidelines; and
- You pay all overdue premiums (with interest at 5 percent per year compounded annually).

The policy will be reinstated as of the date it lapsed.

### **You may continue insurance**

If Your policy lapses with Cash Value and You do not surrender it for its Cash Value or surrender it and use the Cash Value to purchase a Single Premium Whole Life insurance policy, You may continue Your insurance as reduced paid-up term life insurance until the Final Expiry Date. The Cash Value of the policy may be used as a net single premium to purchase such insurance. The net single premium will be equal to the present value of the death benefit.

Reduced paid-up term life insurance will provide paid-up term life insurance on the life of the Insured to the Final Expiry Date. The amount of term life insurance depends on the Insured's attained age and the Cash Value as of the lapse date. The reduced paid-up term life insurance has Cash Value. Information on the available Cash Value will be furnished upon request.

If within 62 days of the date of lapse You do not elect to reinstate Your policy, surrender it for its Cash Value, or surrender it and use the Cash Value to purchase a Single Premium Whole Life insurance policy, this policy will be continued as reduced paid-up term life insurance.

Additionally, if the Insured dies after the grace period but within 62 days of the date of lapse and You have not reinstated Your policy, surrendered it for its Cash Value, or surrendered it and used the Cash Value to purchase a Single Premium Whole Life insurance policy, the amount of insurance payable upon the death of the Insured will be based on the reduced paid-up term life insurance as described above.

### **If Your coverage is continued**

If Your coverage is continued under reduced paid-up term life insurance and the Insured dies

prior to the Final Expiry Date, We will pay the Insurance Benefits according to “The Insurance Benefits We pay” provision.

Your rights under “Changing the owner or Beneficiary” and “Assignment” provisions will continue.

As long as Your policy has a Cash Value, You may surrender it for the Cash Value as described in the “You may give up Your policy” provision; or You may surrender it and use the Cash Value to purchase a Single Premium Whole Life insurance policy if certain conditions are met. (See “You may purchase Single Premium Whole Life insurance” for details.)

## **How benefits are paid**

While the Insured is living, You may:

- elect to surrender the policy for its Cash Value and have all or part of the Cash Value paid in a lump sum or applied to one or more of the settlement options explained below;
- elect how the Insurance Benefits will be paid upon the Insured's death. You may have all or part of the Insurance Benefits paid in a lump sum or applied to one or more of the settlement options explained below.

If You have made a previous election on how the Insurance Benefits will be paid, You may or may not allow the Beneficiary the right to change the prior election.

If You have not made a previous election, the Beneficiary has the right to elect that all or part of the Insurance Benefits be paid in a lump sum or applied to one or more of the settlement options explained below.

All elections must be made by a Written Request. The election or change will take effect as of the date the Written Request is signed, subject to any payments made or other action taken by Us before receipt of the Written Request. We will issue a supplemental contract

for the settlement option chosen, as of the date of settlement.

Any payment of Insurance Benefits or Cash Value involving more than one of the options must have Our approval. Also, details of all settlement options will be subject to Our rules at the time a supplemental contract takes effect. These include rules on the minimum amount We will apply under an option and minimum amount for income payments; withdrawal or surrender rights; naming Payees and successor Payees; and proving age and survival.

Any income payments made under a settlement option will not be less than those that would be provided by the application of the Cash Value to purchase a single premium immediate annuity contract at purchase rates offered by the Company at the time to the same class of annuitants.

Amounts applied under the options will not be subject to the claims of creditors or to legal process except to the extent permitted by law.

The settlement options are:

### **Option A. Life income with payments guaranteed for Life only, 10, 15, or 20 years**

We will pay income payments based on the number of guaranteed payments selected and the Payee's sex and age last birthday. Income payments for this option will continue as long as the Payee lives, or until all guaranteed payments have been made, whichever is later. Guaranteed income payments cannot extend beyond the life expectancy of the Payee, as defined by the Internal Revenue Code.

If the Payee dies before all guaranteed income payments have been made, the remaining income payments will be paid to the Payee's beneficiary as scheduled. The monthly income payments purchased per \$1,000 of Insurance Benefits or Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

**Option B. Income payments for a fixed period**

We will pay income payments for a fixed period of time as elected. The fixed period can be as short as ten years or as long as 30 years. Income payments cannot extend beyond the life expectancy of the Payee, as defined by the Internal Revenue Code. If the Payee dies before all income payments have been made, the remaining income payments will be paid to the Payee's beneficiary as scheduled. The monthly income payments purchased per \$1,000 of Insurance Benefits or Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

**Option C. Joint and Survivor**

We will pay income payments based upon the specific survivor option selected, and the age and sex of the two Payees.

The available survivor options are to pay during the lifetime of the survivor: (1) 50 percent; (2) two-thirds; or (3) 100 percent of the income payments paid while both Payees were living.

Upon the death of one Payee, the selected survivor percentage will be applied to determine the amount of the remaining payments during the lifetime of the survivor. Upon the death of the survivor, income payments cease.

The monthly income payments purchased per \$1,000 of Insurance Benefits or Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

**Other options**

We will apply the Insurance Benefits or Cash Value under any other option requested that is available. Any other option offered will be based on the interest and mortality described below in the "Basis of settlement option tables" provision.

**Basis of settlement option tables**

The Settlement Option Tables show the dollar amount of monthly income payments for each

\$1,000 of Insurance Benefits or Cash Value. Income payments may also be available in quarterly, semi-annual, and annual installments. The tables use the Payee's age last birthday at the time the first income payment is due.

The amount of each income payment will never be less than that shown in the Settlement Option Tables. The guaranteed interest rate used for all settlement options is 1 percent per year. Where mortality assumptions are involved, the guaranteed factors are based on the Annuity 2000 Mortality Table. The income payments under these options may be increased as determined by Us on an equitable basis to this class of policies.

**Other important information****Your contract with Us**

We will provide the insurance described in this contract in consideration of payment of the required premiums. This policy, the attached copy of the application, and any attached endorsements and riders make up the entire contract.

For any changes made in the future, You will be responsible for attaching the application, endorsements, riders, Policy Data pages, Table of Guaranteed Values page(s), and/or Table of Guaranteed Annual Premiums page(s). If You fail to attach the pages, they will be deemed to be attached as of the date the change is effective.

Only Our president, a vice president, or the corporate secretary can modify this contract or waive any of Our rights or requirements under it. No agent may do this. Any change or waiver We make will be made in writing to You.

**When the policy is incontestable**

We have the right to contest the validity of this policy based on material misstatements made in the application for this policy. However, in the absence of fraud, We will not contest the validity of this policy after it has been in effect during the lifetime of the Insured for two years from the

Date of Issue shown on Policy Data page 2(1) except for nonpayment of premiums. In the absence of fraud, We will not contest any information on a reinstatement of coverage application after the reinstatement has been in effect for two years during the Insured's lifetime.

No statement shall be used to contest a claim unless contained in a written application or an amendment to the application which is attached to this policy. All statements made in the application, in the absence of fraud, are representations and not warranties.

See additional benefit riders, if any, for modifications of this provision that may apply to them.

**If age or sex has been misstated**

If the Insured's age or sex is misstated, We will adjust any amount payable or benefit accruing under the policy to the amount the premium would have purchased at the correct age and sex. If income payments made under a settlement option were too large because of a misstatement, We will deduct the difference with interest from the payments falling due until totally repaid. If necessary, We reserve the right to demand reimbursement for such overpayment. If such payments were too small, We will add the difference with interest to the next payment due. The interest in both instances described above will be at the rate of 5 percent per year.

**Conformity with state law**

This contract is subject to the laws of the state in which it was delivered. If any part of this contract does not comply with the law, it will be interpreted by Us as if it did.

**How the suicide exclusion affects benefits**

If the Insured commits suicide, while sane or insane, within two years from the Date of Issue, We will limit Our payment to the premiums paid.

**We may defer payment**

We may defer payment of any Cash Value for up to six months after We receive Your request.

**How We measure policy anniversaries**

We measure policy years and policy anniversaries from the Policy Date. Each policy year begins on the same day and month as the Policy Date.

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**Level Term Life Insurance to Age 95,  
Annually Renewable Following the Specified Period,  
Guaranteed Cost**

IC-351000

**Horace Mann Life Insurance Company**

[A Stock Company  
1 Horace Mann Plaza  
Springfield, Illinois 62715-0001  
800-999-1030]

**Application for individual life insurance**

- Individual (or)  Joint (first to die)
- New business  Trial application
- Internal replacement of policy # \_\_\_\_\_
- Restructure of policy # \_\_\_\_\_
- Exchange of policy # \_\_\_\_\_  Rider
- Conversion of policy # \_\_\_\_\_  Rider
- Rating review of policy # \_\_\_\_\_

**Proposed Insured 1** Name (Last, First, Middle Initial)

Last Doe | First John | MI  
Birth date (MM/DD/YYYY) 01/01/1967  
Gender  Male  Female

**Proposed Insured 2** Name (Last, First, Middle Initial)

Last Doe | First Jane | MI  
Birth date (MM/DD/YYYY) 05/05/1967  
Gender  Male  Female

**Coverage selection**

**[1. Nonparticipating life insurance rate applied for**

**2. Product information** (Please complete the financial questionnaire for face amounts over \$1,000,000.)

- Nontobacco  Tobacco usage  Save age

**Life by Design (Guaranteed premium)**

**Whole Life to Age 120** **Face amount**

- Premiums payable to age 120 \$ \_\_\_\_\_
- Single Premium \$ \_\_\_\_\_

**Level Term to Age 95**

- 10-Year Specified Period \$ \_\_\_\_\_
- 20-Year Specified Period \$ \_\_\_\_\_
- 30-Year Specified Period \$ \_\_\_\_\_
- To Age 65 Specified Period \$ \_\_\_\_\_
- 20-Year Cash Value Term \$ 25,000
- 30-Year Cash Value Term \$ \_\_\_\_\_

**Life Select (Guaranteed premium)**

**Whole Life to Age 120** **Face amount**

- Premiums payable to age 120 \$ \_\_\_\_\_
- Premiums payable for 20 years \$ \_\_\_\_\_
- Premiums payable to age 65 \$ \_\_\_\_\_

**Primary Insured Level Term Riders**

- 20-Year Specified Period \$ \_\_\_\_\_
- 30-Year Specified Period \$ \_\_\_\_\_
- To Age 65 Specified Period \$ \_\_\_\_\_

**Additional Insured Level Term Riders**

- Rate applied for:
- Nontobacco  Tobacco usage  Save age
  - 20-Year Specified Period \$ \_\_\_\_\_
  - 30-Year Specified Period \$ \_\_\_\_\_
  - To Age 65 Specified Period \$ \_\_\_\_\_

**Experience Life (Flexible Premium – Adjustable/Combination Life with Indeterminate Premiums)**

No longer sold – existing policy restructure only

**Face amount**

- Whole Life to Age 100 \$ \_\_\_\_\_
- Level Term to Age 100 \$ \_\_\_\_\_
- Decreasing Term to Age 100 \$ \_\_\_\_\_
- Paid-up Whole Life to Age 100 \$ \_\_\_\_\_
- Lump sum premium  Prescheduled premium
- Premium amount \$ \_\_\_\_\_

**Face amount**

- Named Insured Rider \$ \_\_\_\_\_
- Level Term (or)  Decreasing Term
- Name \_\_\_\_\_
- Additional Insured Rider \$ \_\_\_\_\_
- Level Term (or)  Decreasing Term
- Smoker (or)  Non-smoker

**3. Riders and benefits (Please note, not all riders and benefits are available for all products.)**

**Face amount**

- Waiver of Premium
- Waiver of Premium in the Event of the Payor's Death or Total Disability

- Accidental Death Benefit \$ \_\_\_\_\_
- Children's Term Insurance \$ 10,000
- (Complete Children's Term Insurance Supplement)
- Guaranteed Insurability Benefit \$ \_\_\_\_\_ ]

## Proposed Insured 1 personal information

Name (Last, First, Middle Initial)

Last Doe | First John | MI JMI

Address (Include mailing and street address)

123 Main Street

City Anytown | ST IL | ZIP 12345

Telephone # 111-111-1111

Best time to call After 6:00 PM

E-mail address doe.john@gmail.com

Gender  Male  Female

Birth date (MM/DD/YYYY) 01/01/1967

Country of birth United States

State of birth Illinois

Are you a citizen of the US?  Yes  No

If no, what country? \_\_\_\_\_

Marital Status  Married  Single  
 Separated  Divorced

Social Security # 222-22-2222

Driver's license # 1234567890 State IL

## Employment information

Is Proposed Insured 1 self-employed?  Yes  No

Occupation Teacher Code 10

Description of duties Teach 2nd grade class

Length of employment 4 years

Employer name ABC School District

School building, if applicable Harvard Elementary

Address 456 School Street

City Anytown | ST IL | ZIP 12345

Work telephone # 333-333-3333

Employer E-mail address abcschooldistrict.com

## Income

1. Annual earned income 55,000

2. Annual unearned income -0-

3. Total household income 90,000

4. Approximate personal net worth 250,000

5. Have you ever filed for bankruptcy?  Yes  No

6. Have you ever had any monetary judgments entered against you, or had any repossession, foreclosures, collections, bad debts, lawsuits, tax liens or legal actions?  Yes  No

**Beneficiary information** (subject to change by Proposed Owner) All insurance benefits will be paid to the person(s) named as primary beneficiary(ies). If no primary beneficiary(ies) survives, the insurance benefits will be paid to those named as contingent beneficiary(ies).

1.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last Doe | First Jane | MI AMI

Address 123 Main Street

City Anytown | ST IL | ZIP 12345

Business name \_\_\_\_\_

Relationship Spouse

Birth date/Trust date 05/05/1967

Social Security #/TIN # 444-44-4444

Benefit Percentage 100%

2.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last \_\_\_\_\_ | First \_\_\_\_\_ | MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ | ST \_\_\_\_\_ | ZIP \_\_\_\_\_

Business name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Social Security #/TIN # \_\_\_\_\_

Benefit Percentage \_\_\_\_\_

3.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last \_\_\_\_\_ | First \_\_\_\_\_ | MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ | ST \_\_\_\_\_ | ZIP \_\_\_\_\_

Business name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Social Security #/TIN # \_\_\_\_\_

Benefit Percentage \_\_\_\_\_

4.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name  

|      |       |    |
|------|-------|----|
| Last | First | MI |
|------|-------|----|

 Address  

|      |    |     |
|------|----|-----|
| City | ST | ZIP |
|------|----|-----|

 Business name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Birth date/Trust date \_\_\_\_\_  
 Social Security #/TIN # \_\_\_\_\_  
 Benefit Percentage \_\_\_\_\_

5.  Primary **(or)**  Contingent  
 Check here if this beneficiary is irrevocable.  
 Benefit Percentage 100%

Surviving children born of the marriage of and/or legally adopted by Proposed Insured 1 and spouse of Proposed Insured 1, Jane A. Doe, equally.

|               |             |     |
|---------------|-------------|-----|
| Last Doe, Jr. | First John  | JMI |
| Last Doe      | First Sally | AMI |
| Last          | First       | MI  |
| Last          | First       | MI  |

**Proposed Owner(s)** (Unless otherwise specified below, the owner is Proposed Insured 1 for an individual policy or Proposed Insureds 1 and 2 for a joint policy. If someone other than the Proposed Insured(s) is/are to be the owner, name the Proposed Owner(s) below.)

- If Trust, name of Trust \_\_\_\_\_

1. Name/Trustee name  

|      |       |    |
|------|-------|----|
| Last | First | MI |
|------|-------|----|

 Address  

|      |    |     |
|------|----|-----|
| City | ST | ZIP |
|------|----|-----|

 Business name \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Birth date/Trust date \_\_\_\_\_  
 Marital Status  Married  Single  
 Separated  Divorced  
 Social Security #/TIN# \_\_\_\_\_  
 Citizenship \_\_\_\_\_

2. Name/Trustee name  

|      |       |    |
|------|-------|----|
| Last | First | MI |
|------|-------|----|

 Address  

|      |    |     |
|------|----|-----|
| City | ST | ZIP |
|------|----|-----|

 Business name \_\_\_\_\_

Telephone # \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Birth date/Trust date \_\_\_\_\_  
 Marital Status  Married  Single  
 Separated  Divorced  
 Social Security #/TIN # \_\_\_\_\_  
 Citizenship \_\_\_\_\_

**Payor** (If someone other than the Proposed Owner(s) is primarily responsible for making the premium payments, name the payor below.)

Name  

|      |       |    |
|------|-------|----|
| Last | First | MI |
|------|-------|----|

 Address  

|      |    |     |
|------|----|-----|
| City | ST | ZIP |
|------|----|-----|

 Business name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Birth date (MM/DD/YYYY) \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 Best time to call \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**Payment information**

**[Single Premium**

- Single Premium \$ \_\_\_\_\_  
 Check **(or)**  Payment on delivery

**Initial Premium**

- Check  
 E-Pay (ACH, Credit, Debit)  
 (Complete the appropriate form.)  
 List Bill  
 Payment on delivery

**Recurring Premium**

- EFT/Easy Pay (Complete the appropriate form.)  
 Direct Bill (choose one)  
 Annually  Semiannually  Quarterly  
 List Bill  
 Group # 12-052  
 Mode 1/12th

Is an employer paying any part of the premium for this insurance?  Yes  No

Employer name ABC School District  
 Address 456 School Street  
Anytown, IL 12345

- Automatic premium loan?  Yes  No

## Insurance in force for Proposed Insured 1

1. Does Proposed Insured 1 have personal and/or business life insurance?  
(If Yes, give total amounts. Total amount should not include Group coverage.)  Yes  No  
Total life insurance \$ 75,000 Total accidental death insurance \$ 25,000

2. Please include any life insurance coverage or annuities with this or any other company when responding to the questions below. If any of questions a., b., or c. below is answered Yes, please identify question number and provide specifics in d.
- a. Does Proposed Insured 1 have any existing insurance policies or annuity contracts in force?  Yes  No
- b. Does Proposed Insured 1 have any pending (within the last six months) insurance policies or annuity contracts?  Yes  No
- c. Will the insurance being applied for discontinue, reduce, change, or replace any existing insurance policy or annuity contract?  Yes  No
- d. Explanation for any question answered Yes in a., b., or c. above.

| Quest. # | Company name          | Policy/contract # or pending | Business (B) or Personal (P)? Life (L) or Annuity (A)?   | Issue Year | Amount | Replacing?   |
|----------|-----------------------|------------------------------|--|------------|--------|--|
| a        | XYZ Insurance Company | 8517892                      | <input type="checkbox"/> B (or) <input checked="" type="checkbox"/> P<br><input checked="" type="checkbox"/> L (or) <input type="checkbox"/> A | 2005       | 75,000 | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
|          |                       |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A                       |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N            |
|          |                       |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A                       |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N            |
|          |                       |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A                       |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N            |

3. Has Proposed Insured 1 had coverage declined, postponed or modified, or has Proposed Insured 1 been denied reinstatement of coverage or been offered coverage other than as applied for?  Yes  No  
If Yes, please explain. \_\_\_\_\_
4. Has the agent/producer taking this application recommended the full or partial liquidation of a securities product to be used to fund this policy? If Yes, registered representatives must complete and submit Horace Mann Investors, Inc. Transfer/Exchange/Rollover/Switch Form.  Yes  No

## Health history for Proposed Insured 1

Height 6 ft. 2 in. Weight 195 lbs.

Have you lost weight in the last 12 months?  Yes  No

If Yes, give amount lost and reasons why: \_\_\_\_\_

## Tobacco usage

In the last 36 months, have you used cigarettes, cigars, pipes, chewing tobacco, e-cigarettes, nicotine substitutes or any other form of tobacco?  Yes  No

If Yes, provide type of tobacco and date (mo/yr) last used. \_\_\_\_\_

## A. Medical information (If any answer is Yes, please provide Details in Section D below.)

1. Please provide the name and address of your personal or attending physician(s) seen in the last 5 years.

|  | Physician #1  | Physician #2 |
|--|---|--------------|
| Physician name and address             | Dr. James Wellness<br>35 Medical Drive, Anytown, IL 12345 |              |
| Physician telephone #                  | 777-777-7777  |              |
| Date and reason last seen              | 05/25/2012 Checkup  |              |
| Tests performed/<br>Treatment received | Standard blood test, no treatment                         |              |

**A. Medical information (continued) (If any answer is Yes, please provide Details in Section D below.)**

2. List all medications and dosages you are currently taking or have taken in the last 30 days, including prescriptions, over the counter drugs, and herbal supplements. Multi-vitamin daily
- 
3. Have you ever been medically treated for or had any known indication of:
- a. Seizures, epilepsy, paralysis, dizziness, fainting, recurrent headaches, stroke, or any other disease or disorder of the brain or nervous system?  Yes  No
  - b. Depression, anxiety, chronic fatigue, ADHD, stress, or any other mental or nervous disorder?  Yes  No
  - c. Asthma, bronchitis, allergies, emphysema, sleep apnea, shortness of breath, sarcoidosis, chronic obstructive pulmonary disease (COPD), tuberculosis, or any other disease or disorder of the respiratory system?  Yes  No
  - d. Hepatitis, cirrhosis, anemia, or any other disease or disorder of the liver or blood?  Yes  No
  - e. Ulcer, colitis, ulcerative colitis, Crohn's disease, diverticulitis, internal bleeding, or any other disease or disorder of the gallbladder, pancreas, stomach, or intestines?  Yes  No
  - f. High blood pressure, chest pain, heart attack, heart murmur, palpitations, or any other disease or disorder of the heart, blood vessels, or circulatory system?  Yes  No
  - g. Any tumor, cancer, cysts, melanoma, lymphoma, or any other disease or disorder of the skin or lymph glands?  Yes  No
  - h. Diabetes, elevated blood sugar, thyroid, or any other endocrine or glandular disorder?  Yes  No
  - i. Arthritis, gout, fibromyalgia, or any other disorder of the back, neck, spine, muscles, nerves, bones, or joints?  Yes  No
  - j. Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the kidneys or bladder?  Yes  No
  - k. Any complications of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, or any sexually transmitted disease?  Yes  No
  - l. Disorder of the eyes, ears, nose, or throat, loss of limb, congenital deformity, or amputation?  Yes  No
  - m. Any mental or physical disorder or medically or surgically treated condition not listed above?  Yes  No
4. Have you, in the last 12 months, received disability benefits of any kind or been disabled for more than 30 days?  Yes  No
5. Are you currently receiving treatment of any kind or have you been scheduled or been advised to see a licensed medical professional, or scheduled or been advised to have a check up, any diagnostic tests (e.g., x-ray, EKG, blood test), hospitalization, surgery or medical tests?  Yes  No
6. In the last 5 years, have you been diagnosed by or received treatment from a licensed medical professional for Acquired Immune Deficiency Syndrome (AIDS) or human immunodeficiency virus infection (HIV)?  Yes  No
7. Have you ever been treated for drug or alcohol abuse or been advised by a licensed medical professional to limit your use of alcohol or any medication, prescribed or not? If Yes, please complete the alcohol and drug questionnaire.  Yes  No
8. Within the last 10 years, have you used or experimented with cocaine, marijuana, heroin, amphetamines, barbiturates, narcotics, or other stimulants or depressants? If Yes, please complete the alcohol and drug questionnaire.  Yes  No

**B. General risk information (If any answer is Yes, please provide Details in Section D below.)**

1. In the last 5 years, have you been convicted of (a) 2 or more moving violations or (b) driving under the influence of alcohol or other drugs, or have you had your driver's license suspended, restricted or revoked? If Yes, please indicate type and dates in Details below.  Yes  No
2. Have you ever made any flights or do you plan to fly in the next 24 months as a pilot, crew member or student pilot? If Yes, please complete the aviation questionnaire.  Yes  No
3. In the last 5 years, have you engaged in or do you plan to engage in any motor vehicle or boat racing, scuba diving, parachuting or sky diving, hang gliding, ballooning, or mountain, rock, or technical climbing; or any other similar sport? If Yes, please complete the avocation questionnaire.  Yes  No
4. Are you a member of, or do you intend to join, the armed forces, reserves, or National Guard? If Yes, please complete the military questionnaire.  Yes  No
5. Do you now or do you plan to reside or travel outside the United States or Canada within the next year? If Yes, please complete the foreign travel/residence questionnaire.  Yes  No
6. Have you been charged with or convicted of, or are you currently awaiting trial for, a felony or misdemeanor? If Yes, please indicate what type, date and city/county/state of felony or misdemeanor and if you are currently on probation or parole in Details below.  Yes  No

**C. Family history (If additional space is required, attach the appropriate supplement to application.)**

| Family History  | Age if living & health status     | Age at death & cause |    |
|---|-----------------------------------|----------------------|----|
| Father  | John, age 65, excellent health    |                      |    |
| Mother  | Mary, age 63, excellent health    |                      |    |
| Siblings  | Charles, age 29, excellent health |                      |    |
|   |                                   |                      |    |
|   |                                   |                      |    |
| <b>If a Proposed Insured 1 is a juvenile, provide the amount of life insurance in force on the parents.</b> |                                   |                      |    |
| Mother  | \$                                | Father               | \$ |

**D. Details**

For each "Yes" answer identify by section and question # and give full explanation, including: diagnoses, dates, duration, treatment and medications and name, address, telephone # of all attending physicians and medical facilities.

| Section and Question # | Explanation |
|------------------------|-------------|
|                        |             |

## Proposed Insured 2 personal information

Name (Last, First, Middle Initial)

Last Doe | First Jane | MI AI

Address (Include mailing and street address)

123 Main Street

City Anytown | ST IL | ZIP 12345

Telephone # 111-111-1111

Best time to call After 5:00 PM

E-mail address jane.doe@gmail.com

Gender  Male  Female

Birth date (MM/DD/YYYY) 05/05/1967

Country of birth United States

State of birth Illinois

Are you a citizen of the US?  Yes  No

If no, what country? \_\_\_\_\_

Marital Status  Married  Single  
 Separated  Divorced

Social Security # 444-44-4444

Driver's license # 456789123 State IL

## Employment information

Is Proposed Insured 2 self-employed?  Yes  No

Occupation Teacher Code 10

Description of duties First grade teacher

Length of employment 2 years

Employer name ABC School District

School building, if applicable Washington Elementary

Address 456 School Street

City Anytown | ST IL | ZIP 12345

Work telephone # 888-888-8888

Employer E-mail address abcschooldistrict.com

## Income

1. Annual earned income 35,000

2. Annual unearned income -0-

3. Total household income 90,000

4. Approximate personal net worth 250,000

5. Have you ever filed for bankruptcy?  Yes  No

6. Have you ever had any monetary judgments entered against you, or had any repossession, foreclosures, collections, bad debts, lawsuits, tax liens or legal actions?  Yes  No

**Beneficiary information** (subject to change by Proposed Owner) All insurance benefits will be paid to the person(s) named as primary beneficiary(ies). If no primary beneficiary(ies) survives, the insurance benefits will be paid to those named as contingent beneficiary(ies).

1.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last Doe | First John | MI JMI

Address 123 Main Street

City Anytown | ST IL | ZIP 12345

Business name \_\_\_\_\_

Relationship Spouse

Birth date/Trust date 01/01/1967

Social Security #/TIN # 222-22-2222

Benefit Percentage 100%

2.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last \_\_\_\_\_ | First \_\_\_\_\_ | MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ | ST \_\_\_\_\_ | ZIP \_\_\_\_\_

Business name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Social Security #/TIN # \_\_\_\_\_

Benefit Percentage \_\_\_\_\_

3.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.

Name/Trustee name

Last \_\_\_\_\_ | First \_\_\_\_\_ | MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ | ST \_\_\_\_\_ | ZIP \_\_\_\_\_

Business name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Social Security #/TIN # \_\_\_\_\_

Benefit Percentage \_\_\_\_\_

**Beneficiary information (continued)**

4.  Primary (or)  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if this beneficiary is irrevocable.  
Name/Trustee name  

|         |       |     |
|---------|-------|-----|
| Last    | First | MI  |
| Address |       |     |
| City    | ST    | ZIP |

Business name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Birth date/Trust date \_\_\_\_\_  
Social Security #/TIN # \_\_\_\_\_  
Benefit Percentage \_\_\_\_\_

5.  Primary (or)  Contingent  
 Check here if this beneficiary is irrevocable.  
Benefit Percentage 100%  
Surviving children born of the marriage of and/or legally adopted by Proposed Insured 2 and spouse of Proposed Insured 2, John J. Doe, equally.  

|               |             |    |
|---------------|-------------|----|
| Last Doe, Jr. | First John  | MI |
| Last Doe      | First Sally | MI |
| Last          | First       | MI |
| Last          | First       | MI |

**Insurance in force for Proposed Insured 2**

1. Does Proposed Insured 2 have personal and/or business life insurance? (If Yes, give total amounts. Total amount should not include Group coverage.)  Yes  No  
Total life insurance \$ \_\_\_\_\_ Total accidental death insurance \$ \_\_\_\_\_
2. Please include any life insurance coverage or annuities with this or any other company when responding to the questions below. If any of questions a., b., or c. below are answered Yes, please identify question number and provide specifics in d.
- a. Does Proposed Insured 2 have any existing insurance policies or annuity contracts in force?  Yes  No
- b. Does Proposed Insured 2 have any pending (within the last six months) insurance policies or annuity contracts?  Yes  No
- c. Will the insurance being applied for discontinue, reduce, change, or replace any existing insurance policy or annuity contract?  Yes  No
- d. Details for any question answered Yes in a., b., or c. above.

| Quest. # | Company name | Policy/contract # or pending | Business (B) or Personal (P)? Life (L) or Annuity (A)?   | Issue Year | Amount | Replacing?  |
|----------|--------------|------------------------------|--|------------|--------|---|
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |
|          |              |                              | <input type="checkbox"/> B (or) <input type="checkbox"/> P<br><input type="checkbox"/> L (or) <input type="checkbox"/> A |            |        | <input type="checkbox"/> Y <input type="checkbox"/> N |

3. Has Proposed Insured 2 had coverage declined, postponed or modified, or has Proposed Insured 2 been denied reinstatement of coverage or been offered coverage other than as applied for?  Yes  No  
If Yes, please explain. \_\_\_\_\_

4. Has the agent/producer taking this application recommended the full or partial liquidation of a securities product to be used to fund this policy? If Yes, registered representatives must complete and submit Horace Mann Investors, Inc. Transfer/Exchange/Rollover/Switch Form.  Yes  No

**Health history for Proposed Insured 2**

Height 5 ft. 7 in. Weight 140 lbs.

Have you lost weight in the last 12 months?  Yes  No

If Yes, give amount lost and reasons why: \_\_\_\_\_

**Tobacco usage**

In the last 36 months, have you used cigarettes, cigars, pipes, chewing tobacco, e-cigarettes, nicotine substitutes or any other form of tobacco?  Yes  No  
If Yes, provide type of tobacco and date (mo/yr) last used. \_\_\_\_\_

**A. Medical information (If any answer is Yes, please provide Details in Section D below.)**

1. Please provide the name and address of your personal or attending physician(s) seen in the last 5 years.

|  | Physician #1   | Physician #2 |
|--|--|--------------|
| Physician name and address             | Dr. Feel Good<br>89 Carter Street, Anytown, IL 12345 |              |
| Physician telephone #                  | 999-999-9999   |              |
| Date and reason last seen              | 03/01/2012 Checkup                                   |              |
| Tests performed/<br>Treatment received | Received script for birth control                    |              |

2. List all medications and dosages you are currently taking or have taken in the last 30 days, including prescriptions, over the counter drugs, and herbal supplements. birth control pills

3. Have you ever been medically treated for or had any known indication of:

- a. Seizures, epilepsy, paralysis, dizziness, fainting, recurrent headaches, stroke, or any other disease or disorder of the brain or nervous system?  Yes  No
  - b. Depression, anxiety, chronic fatigue, ADHD, stress, or any other mental or nervous disorder?  Yes  No
  - c. Asthma, bronchitis, allergies, emphysema, sleep apnea, shortness of breath, sarcoidosis, chronic obstructive pulmonary disease (COPD), tuberculosis, or any other disease or disorder of the respiratory system?  Yes  No
  - d. Hepatitis, cirrhosis, anemia, or any other disease or disorder of the liver or blood?  Yes  No
  - e. Ulcer, colitis, ulcerative colitis, Crohn's disease, diverticulitis, internal bleeding, or any other disease or disorder of the gallbladder, pancreas, stomach, or intestines?  Yes  No
  - f. High blood pressure, chest pain, heart attack, heart murmur, palpitations, or any other disease or disorder of the heart, blood vessels, or circulatory system?  Yes  No
  - g. Any tumor, cancer, cysts, melanoma, lymphoma, or any other disease or disorder of the skin or lymph glands?  Yes  No
  - h. Diabetes, elevated blood sugar, thyroid, or any other endocrine or glandular disorder?  Yes  No
  - i. Arthritis, gout, fibromyalgia, or any other disorder of the back, neck, spine, muscles, nerves, bones, or joints?  Yes  No
  - j. Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the kidneys or bladder?  Yes  No
  - k. Any complications of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, or any sexually transmitted disease?  Yes  No
  - l. Disorder of the eyes, ears, nose, or throat, loss of limb, congenital deformity, or amputation?  Yes  No
  - m. Any mental or physical disorder or medically or surgically treated condition not listed above?  Yes  No
4. Have you, in the last 12 months, received disability benefits of any kind or been disabled for more than 30 days?  Yes  No
5. Are you currently receiving treatment of any kind or have you been scheduled or been advised to see a licensed medical professional, or scheduled or been advised to have a check up, any diagnostic tests (e.g., x-ray, EKG, blood test), hospitalization, surgery or medical tests?  Yes  No
6. In the last 5 years, have you been diagnosed by or received treatment from a licensed medical professional for Acquired Immune Deficiency Syndrome (AIDS) or human immunodeficiency virus infection (HIV)?  Yes  No
7. Have you ever been treated for drug or alcohol abuse or been advised by a licensed medical professional to limit your use of alcohol or any medication, prescribed or not? If Yes, please complete the alcohol and drug questionnaire.  Yes  No
8. Within the last 10 years, have you used or experimented with cocaine, marijuana, heroin, amphetamines, barbiturates, narcotics, or other stimulants or depressants? If Yes, please complete the alcohol and drug questionnaire.  Yes  No

**B. General risk information (If any answer is Yes, please provide Details in Section D below.)**

1. In the last 5 years, have you been convicted of (a) 2 or more moving violations or (b) driving under the influence of alcohol or other drugs, or have you had your driver's license suspended, restricted or revoked? If Yes, please indicate type and dates in Details below.  Yes  No
2. Have you ever made any flights or do you plan to fly in the next 24 months as a pilot, crew member or student pilot? If Yes, please complete the aviation questionnaire.  Yes  No

**B. General risk information (continued) (If any answer is Yes, please provide Details in Section D below.)**

3. In the last 5 years, have you engaged in or do you plan to engage in any motor vehicle or boat racing, scuba diving, parachuting or sky diving, hang gliding, ballooning, or mountain, rock, or technical climbing; or any other similar sport? If Yes, please complete the avocation questionnaire.  Yes  No
4. Are you a member of, or do you intend to join, the armed forces, reserves, or National Guard? If Yes, please complete the military questionnaire.  Yes  No
5. Do you now or do you plan to reside or travel outside the United States or Canada within the next year? If Yes, please complete the foreign travel/residence questionnaire.  Yes  No
6. Have you been charged with or convicted of, or are you currently awaiting trial for, a felony or misdemeanor? If Yes, please indicate what type, date and city/county/state of felony or misdemeanor and if you are currently on probation or parole in Details below.  Yes  No

**C. Family history (If additional space is required, attach the appropriate supplement to application.)**

| Family History  | Age if living & health status  | Age at death & cause |    |
|---|--------------------------------|----------------------|----|
| Father  | Frank, age 60, good health     |                      |    |
| Mother  | Ruth, age 59, excellent health |                      |    |
| Siblings  |                                |                      |    |
|   |                                |                      |    |
| <b>If Proposed Insured 2 is a juvenile, provide the amount of life insurance in force on the parents.</b> |                                |                      |    |
| Mother  | \$                             | Father               | \$ |

**D. Details**

For each "Yes" answer identify by section and question # and give full explanation, including: diagnoses, dates, duration, treatment and medications and name, address, telephone # of all attending physicians and medical facilities.

| Section and Question # | Explanation |
|------------------------|-------------|
|                        |             |

## Fraud notice

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

## Agreement and acknowledgment

Each of the undersigned declares and acknowledges that:

1. My application for life insurance consists of: (a) application for life insurance; (b) supplemental medical application for life insurance, if required; (c) any amendments to the application(s) attached thereto; and (d) any supplements to application (including questionnaires) which are required by Horace Mann Life Insurance Company (the "Company") for the product, amount and benefits applied for.
2. Unless otherwise provided by the conditional receipt for premium deposit, the Company will have no liability under this application or any policy issued as a result of this application unless and until: (a) the application has been received and approved by the Company at its home office; (b) the policy has been issued and delivered to the policy owner; (c) the first premium has been paid to and accepted by the Company; and (d) at the time of delivery of the policy and payment of the first premium, the facts concerning the insurability of each person proposed for coverage, including any child named in the Children's Term Insurance Supplement, if applicable, are as stated in this application and have not changed.
3. No agent/producer, broker or medical examiner has the authority to make or modify any Company contract or to waive any of the Company's requirements.
4. The Company may make corrections, additions or changes to my application. Any such changes will be shown in an amendment to application. Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), product, amount, or benefits unless agreed to in writing by the Proposed Insured(s) (and Proposed Owner(s) if different from the Proposed Insured(s)).
5. I have read, or have had read to me, the completed application for life insurance before signing below. All statements and answers in the application for life insurance are correctly recorded, and are full, complete and true to the best of my knowledge and belief. I understand that any material misrepresentation contained herein or in any other document which is a part of my application for life insurance may be used to reduce or deny a claim and/or contest the policy within the contestable period.

## Authorization

Each of the undersigned declares and acknowledges that:

The following sources are authorized to disclose medical and non-medical information about the Proposed Insured(s) to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) any medical practitioner; (3) any hospital, clinic, Veterans Administration, or other health care provider; (4) any insurance company; (5) any consumer reporting agency; and (6) the MIB, Inc. This includes but is not limited to all information as to any medical history, consultations, diagnosis, prognosis, prescriptions, treatments, tests, and any information regarding alcohol or drug abuse.

I understand that the information obtained will be used to determine eligibility for insurance for each Proposed Insured. Horace Mann Life Insurance Company may release any such information to its reinsurers and the MIB, Inc. To facilitate rapid submission, all such sources are authorized, except the MIB, Inc., to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information. I agree that a photocopy of this authorization is as valid as the original and this authorization shall be valid for 24 months from the date signed. I understand that I or one of my authorized representatives may receive a copy of this authorization by requesting the same from my Horace Mann agent/producer or the Horace Mann home office.

I have received a copy of the consumer privacy notice which: (1) details the methods I must use to exercise my rights to access, correct, and amend any information gathered about the Proposed Insured(s) which relates to my application for life insurance; and (2) includes information about consumer reports and the MIB, Inc. Failure to make this authorization may be a basis for denying my application for life insurance. I understand that I can provide written revocation of this authorization to the Company at any time, except if: (1) the Company has taken action in reliance on the authorization; or (2) the Company is using the authorization in connection with a contestable claim under my policy. Revoking this authorization may be a basis for denying my application for life insurance or for denying benefits.

I >Ž S' S'' "

[Policy Number: 1234567890]

**[Electronic signature agreement**

I understand that my life application and all related documents required as part of the application process will be completed with an agent/producer of Horace Mann Life Insurance Company.

This information will be used to create a paper application which will be inserted into my life policy. All electronic documents maintained by the Company are the sole original versions of the documents. The Company maintains physical, electronic and procedural safeguards to protect all nonpublic personal information from unauthorized use or improper access.

I understand that I may sign the application and related forms using an electronic signature process. Signatures will be displayed on the computer screen in real time. If any information in the application is changed after the electronic signature is captured, the electronic signature will be erased and a new electronic signature will be required to complete the application. Electronic signatures are encrypted and cannot be used for any purpose other than the execution of the application and related documents.

I also understand that I am not required to use the electronic signature process.

I agree to the use of electronic signatures which will constitute legally binding signatures.]

**Signatory section**

Signed at Anytown, IL (city/state) on 11/02/2012 (date) which is the same date the application was written and signature(s) received. If applicable, the required premium deposit of \$ 72.90 Zae been collected.

\_\_\_\_\_  
Signature of Proposed Insured 1 (Age 15 and over)

\_\_\_\_\_  
Signature of Proposed Insured 2 (Age 15 and over)

\_\_\_\_\_  
Signature of parent (Required if Proposed Insured is under age 18)

\_\_\_\_\_  
Signature of spouse (Required in community property states if spouse is not a Proposed Insured or Proposed Owner)

\_\_\_\_\_  
Signature of Proposed Owner (1) (Give title if signed on behalf of a business)

\_\_\_\_\_  
Signature of Proposed Owner (2) (Give title if signed on behalf of a business)

**To be completed by agent/producer only**

Do you know or have any reason to believe that replacement of insurance or an annuity is involved?  Yes  No

If replacement is involved, complete and submit required forms or indicate details of transaction below if forms are not required. \_\_\_\_\_

\_\_\_\_\_  
Joe Agent, #1234

\_\_\_\_\_  
Printed name and number of Agent/Producer (1)

\_\_\_\_\_  
Printed name and number of Agent/Producer (2)

\_\_\_\_\_  
Signature of Agent/Producer (1)

\_\_\_\_\_  
Signature of Agent/Producer (2)

987654321 100%  
\_\_\_\_\_  
State License # (if applicable) Percentage

\_\_\_\_\_  
\_\_\_\_\_  
State License # (if applicable) Percentage

**Horace Mann Life Insurance Company**

[A Stock Company  
1 Horace Mann Plaza  
Springfield, Illinois 62715-0001  
800-999-1030]

**Children's Term Insurance Supplement**

**Coverage Information – Application for the addition of Children's Term Insurance Rider to:**

The application dated 11/05/2012 for life insurance on John J. and Jane A. Doe  
Policy # 1234567890 Children's Term Insurance Rider Face Amount \$ 20,000

**Child/Children Proposed for Insurance**

Give information on all unmarried children of the Proposed Insured(s) (including biological and adopted children, step-children or children for whom the Proposed Insured(s) have permanent legal guardianship), who are at least 15 days old and have not reached their 18<sup>th</sup> birthday.

| Name             | Date of birth | Social Security # | Height | Weight |
|------------------|---------------|-------------------|--------|--------|
| John J. Doe, Jr. | 06/08/2005    | 555-55-5555       | 3' 11" | 50     |
| Sally A. Doe     | 04/25/2009    | 777-77-7777       | 2' 9"  | 30     |
|                  |               |                   |        |        |
|                  |               |                   |        |        |
|                  |               |                   |        |        |
|                  |               |                   |        |        |
|                  |               |                   |        |        |

**Beneficiary information**

The Proposed Owner(s) will be the beneficiary(ies) of the Children's Term Insurance Rider unless otherwise designated below.

1.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if beneficiary is irrevocable.

Name/Trustee name  
Last Doe | First John | MIJ

Address 123 Main Street

City Anytown | ST IL | ZIP 12345

Relationship Father

Birth date/Trust date 01/01/1967

Social Security #/TIN # 222-22-2222

Benefit Percentage 50%

2.  Primary **(or)**  Contingent  
 If Trust, name of Trust \_\_\_\_\_  
 Check here if beneficiary is irrevocable.

Name/Trustee name  
Last Doe | First Jane | MI A

Address 123 Main Street

City Anytown | ST IL | ZIP 12345

Relationship Mother

Birth date/Trust date 05/05/1967

Social Security #/TIN # 444-44-4444

Benefit Percentage 50%

**Life insurance in force**

1. Has any child proposed for insurance ever applied for life, health or disability insurance and been declined or postponed for such insurance, or charged an increased premium for such insurance?  Yes  No

If Yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Does any child proposed for insurance have any applications pending with any other life insurance company now? (If yes, complete details below.)  Yes  No

| Child's name | Company name | Policy/contract #, if applicable | Amount |
|--------------|--------------|----------------------------------|--------|
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |
|              |              |                                  |        |

3. List all insurance in force on any child proposed for insurance. If none, state "NONE". \_\_\_\_\_

| Child's name | Company name | Policy/contract #, if known | Year issued | Amount |
|--------------|--------------|-----------------------------|-------------|--------|
|              |              |                             |             |        |
|              |              |                             |             |        |
|              |              |                             |             |        |
|              |              |                             |             |        |
|              |              |                             |             |        |
|              |              |                             |             |        |
|              |              |                             |             |        |
|              |              |                             |             |        |

**Medical information (If any answer is Yes, please provide details below.)**

1. Has any child proposed for insurance:
- a. had treatment or advice from a doctor within the last 3 years?  Yes  No
  - b. been a patient in a hospital, clinic or emergency room within the last 3 years?  Yes  No
  - c. had rheumatic fever, heart murmur or asthma?  Yes  No
  - d. had a birth defect or impairment of sight, hearing or speech?  Yes  No
  - e. had depression, anxiety, chronic fatigue, ADHD, stress, or other mental or nervous disorder?  Yes  No
2. Does any child proposed for insurance have any other medical impairments other than listed above?  Yes  No

For each Yes answer to questions 1 and 2 above, give the question number, the name(s) of the person(s) affected, and full details. Also include conditions, dates, duration, treatments, results, and names/addresses/phone numbers of physicians and medical facilities.

| No. | Name of Person Affected | Details  |
|-----|-------------------------|--|
| 1a  | John J. Doe, Jr.        | 2/3/2012 - Ear infection - received antibiotics. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-777-7777   |
| 1a  | Sally A. Doe            | 1/25/2012 - Ear infection - received antibiotics. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-77-7777<br><br>10/2010 - Immunizations. Dr. James Wellness (see address above). |

**Authorization**

Each of the undersigned declares and acknowledges that:

The following sources are authorized to disclose medical and non-medical information about any child proposed for coverage to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) any medical practitioner; (3) any hospital, clinic, Veterans Administration, or other health care provider; (4) any insurance company; (5) any consumer reporting agency; and (6) the MIB, Inc. This includes but is not limited to all information as to any medical history, consultations, diagnosis, prognosis, prescriptions, treatments, tests, and any information regarding alcohol or drug abuse.

I understand that the information obtained will be used to determine eligibility for insurance for each child proposed for coverage. Horace Mann Life Insurance Company may release any such information to its reinsurers and the MIB, Inc. To facilitate rapid submission, all such sources are authorized, except the MIB, Inc., to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information. I agree that a photocopy of this authorization is as valid as the original and this authorization shall be valid for 24 months from the date signed. I understand that I or one of my authorized representatives may receive a copy of this authorization by requesting the same from my Horace Mann agent/producer or the Horace Mann home office.

I have received a copy of the consumer privacy notice which: (1) details the methods I must use to exercise my rights to access, correct, and amend any information gathered about any child proposed for coverage which relates to this Children’s Term Insurance Supplement; and (2) includes information about consumer reports and the MIB, Inc. Failure to make this authorization may be a basis for denying coverage on any child proposed for coverage. I understand that I can provide written revocation of this authorization to the Company at any time, except if: (1) the Company has taken action in reliance on the authorization; or (2) the Company is using the authorization in connection with a contestable claim under my policy. Revoking this authorization may be a basis for denying coverage on any child proposed for coverage or for denying benefits.

I have read or have had read to me the completed Children’s Term Insurance Supplement before signing below. All statements and answers in this Supplement are correctly recorded and are full, complete and true. I agree that this Children’s Term Insurance Supplement constitutes a part of my application for insurance. I understand that any false statements or material misrepresentations may be used to reduce or deny a claim and/or may result in a loss of coverage under the policy.

Signed at Anytown, IL (city/state) on 11/05/2012 (date).

\_\_\_\_\_  
Signature of Proposed Owner (1)

\_\_\_\_\_  
Signature of Proposed Owner (2)

\_\_\_\_\_  
Signature of Child 15 or older

\_\_\_\_\_  
Signature of Parent/Guardian of Child under 15 years of age

\_\_\_\_\_  
Signature of Child 15 or older

\_\_\_\_\_  
Signature of Agent/Producer (1)

\_\_\_\_\_  
Signature of Agent/Producer (2)



Horace Mann Life Insurance Company

[SUP/LFCSSUP/Policy Number 1234567890]

[1 Horace Mann Plaza  
Springfield, Illinois 62715-0001  
1-800-999-1030]

## Supplement to application – foreign travel/residence questionnaire

Name of Proposed Insured or child proposed for coverage John Doe

Birth date (MM/DD/YYYY) 01/01/1967

1. Are you a citizen of the United States?  Yes  No  
(If No, of what country are you a citizen?) Mexico

2. If applicable, what type of Visa do you have? \_\_\_\_\_

3. What is your country of permanent residence? United States

4. How long have you resided in the United States? 5 years

5. What is the country of your birthplace? Tijuana, Mexico

6. What is your past travel history outside the United States? Please list each city and country to which you have traveled in the past 5 years, the length of stay in each location, and the dates of travel.

None

7. What are your future travel plans outside the United States? None

8. Describe the nature and purpose of your past and future travel (vacation, business/employment, missionary work, etc.) If your travel is business-related, please describe your duties.

None

I agree that this questionnaire shall become a part of my application for insurance.

\_\_\_\_\_  
Signature of Proposed Insured (Age 15 and over)

\_\_\_\_\_  
Signature of parent (Required if Proposed Insured is under age 18)

\_\_\_\_\_  
Signature of child (Required if child is not Proposed Insured 1 or 2 and is age 15 or over)

\_\_\_\_\_  
Signature of Owner (1)

11/06/2012

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner (2)

All information has been accurately recorded as given to me by the Proposed Insured or child proposed for coverage.

\_\_\_\_\_  
Signature of Agent/Producer (1)

\_\_\_\_\_  
Signature of Agent/Producer (2)

**Agent/Producer report**

[LNB/LFNB/Policy Number 1234567890]

- 1. Send policy to:  Agent/Producer  
 Proposed Insured(s) or Proposed Owner(s) if different from the Proposed Insured(s)
- 2. Did you personally see each Proposed Insured and any child proposed for coverage on the date the application was taken? (If No, please explain in #12.)  Yes  No
- 3. Does any Proposed Insured or any child proposed for coverage have any obvious impairments or limitations? (If Yes, please explain in #12.)  Yes  No
- 4. Are you related to the Proposed Insured(s)? If Yes, relationship?  Yes  No
- 5. How long have you known: **Proposed Insured 1:** Less than 3 months  
**Proposed Insured 2:** Less than 3 months
- 6. Was the conditional receipt explained and given to the Proposed Insured(s) or Proposed Owner(s) if different from the Proposed Insured(s)? (If no, provide information for appropriate option below.)  Yes  No  
 Trial application  
 Payment on delivery  
 Other (Please explain.) \_\_\_\_\_

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- 7. Do you have any reason to believe that any answer on the application regarding the Proposed Insured(s) or any child proposed for coverage is not completely true? (If Yes, please explain in #12.)  Yes  No
- 8. Purpose of insurance:  Estate planning  Buy/sell  Key person  Loan indebtedness  
 Income replacement  Other (explain) \_\_\_\_\_
- 9. Rate applied for?  Standard  Preferred  Preferred Plus
- 10. Medical examination arrangements (Note: Complete all health questions on application even if examination is required.)  

|  |  |
|--|--|
| <b>Proposed Insured 1</b> Date <u>11/08/2012</u><br>Examiner <u>Exam Center</u><br><input checked="" type="checkbox"/> Paramedical Exam<br><input type="checkbox"/> Blood/urinalysis<br><input type="checkbox"/> Other _____ | <b>Proposed Insured 2</b> Date <u>11/08/2012</u><br>Examiner <u>Exam Center</u><br><input checked="" type="checkbox"/> Paramedical Exam<br><input type="checkbox"/> Blood/urinalysis<br><input type="checkbox"/> Other _____ |
|--|--|
- 11. Please indicate the phone number and the best time for us to contact the Proposed Insured(s) and any child proposed for coverage. 111-111-1111, After 6 PM
- 12. Additional details and/or remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agent/Producer Certification**

I have reviewed all of the questions on this application and certify that the answers have been recorded accurately. All information I have on the insurability of the Proposed Insured(s) and any child proposed for coverage has been disclosed on the application or in item 12 above.

I declare that I have accurately answered all questions contained in the Agent/Producer report in connection with this application.

Signature of Agent/Producer \_\_\_\_\_ Agent/Producer # 12345 Date 11/05/2012

Horace Mann Life Insurance Company  
 1 Horace Mann Plaza  
 Springfield, Illinois 62715-0001

COST DISCLOSURE  
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Insured: [John Doe]  
 Policy Number: [00 0000000 0]  
 Date Prepared: [08-01-2012]  
 Coverage: Level Term Life Insurance to Age 95,  
 Annually Renewable Following the  
 Specified Period, Guaranteed Cost  
 Specified Period: [20] Years  
 Effective Date: [08-01-2012]  
 Class: [Standard (Nontobacco), male, age 35]  
 Policy Fee: \$50 annual fee

| Policy Year | Guaranteed Annual Premium*31* | Guaranteed Death Benefit | Guaranteed Surrender Value |
|-------------|-------------------------------|--------------------------|----------------------------|
| 1           | [\$ 179.50                    | \$ 25,000.00             | \$ 0.00                    |
| 2           | 179.50                        | 25,000.00                | 0.00                       |
| 3           | 179.50                        | 25,000.00                | 0.00                       |
| 4           | 179.50                        | 25,000.00                | 39.50                      |
| 5           | 179.50                        | 25,000.00                | 146.75                     |
| 10          | 179.50                        | 25,000.00                | 762.00                     |
| 15          | 179.50                        | 25,000.00                | 1542.00                    |
| 20          | 179.50                        | 25,000.00                | 2545.00]                   |
| [AGE]       |                               |                          |                            |
| [60         | 285.50                        | 25,000.00                | 2545.00]                   |
| [62         | 345.50                        | 25,000.00                | 2545.00]                   |
| [65         | 455.75                        | 25,000.00                | 2545.00]                   |

Term dates: [08-01-2072] (Final Expiry Date)

Based on Guaranteed Annual Premium

| Policy Year | Surrender Cost Index | Net Payment Cost Index |
|-------------|----------------------|------------------------|
| 10          | [\$ 4.87*1*]         | [\$ 7.18*1*]           |
| 20          | [4.25*1*]            | [7.18*1*]              |

NOTE: An explanation of the intended uses of these indexes is provided in the Life Insurance Buyer's Guide. These indexes include the Policy Fee. These indexes are useful only for the comparison of the relative costs of two or more similar policies.

Insured: [John Doe]  
Policy Number: [00 0000000 0]  
Date Prepared: [08-01-2012]  
Coverage: Level Term Life Insurance to Age 95,  
Annually Renewable Following the  
Specified Period, Guaranteed Cost  
Specified Period: [20] Years  
Effective Date: [08-01-2012]  
Class: [Standard (Nontobacco), male, age 35]  
Policy Fee: \$50 annual fee

[Optional Benefits Included: ]

[Benefit: Waiver of Premium Benefit Rider  
Annual Premium: \$8.00  
Coverage Expires: 08-01-2037  
Death benefits are not applicable to this rider's coverage.]

\*31\* The policy fee is not included in the premiums.

Agent: [Joe Agent]  
[123 Main Street]  
[Anytown, US 12345]

**HORACE MANN LIFE INSURANCE COMPANY  
1 HORACE MANN PLAZA  
SPRINGFIELD, ILLINOIS 62715**

**Statement of Variability  
Application and related forms**

The following fields are identified as variable text. We would like the ability to modify these fields when changes are required.

**Form IL-L25200**

**Company information**

The company's address and phone number are variable to allow for updating as needed.

**Coverage selection**

Our product section is variable to allow us the flexibility to add or remove products as needed.

**Payment information**

Our payment information section is variable to allow us to add or remove any payment options as needed.

**Pages 5C through 5F**

If there is no coverage being requested for Proposed Insured 2, these pages will not print in the electronic version. For the paper version, the agent will discard these pages as needed.

**Electronic signature agreement**

Our electronic signature agreement is variable so that when this form is completed paper format, the entire electronic signature agreement section will be deleted.

**Scanning Code/Policy #**

The scanning code is variable to allow for changes as required by our scanning operations. The policy # will be unique to each applicant.

**Forms IL-L25300; IL-L37500; IL-L39000; IL-L39100**

**Company information on all forms**

The company's address and phone number are variable to allow for updating as needed.

**Scanning Code/Policy #**

The scanning code is variable to allow for changes as required by our scanning operations. The policy # will be unique to each applicant.

**Form IL-L38600**

**Scanning Code/Policy #**

The scanning code is variable to allow for changes as required by our scanning operations. The policy # will be unique to each applicant.

**Form IL-L38700**

**Company information on all forms**

The company's address and phone number are variable to allow for updating as needed.

**MIB, Inc. contact information**

The contact information for MIB, Inc. is variable to accommodate any changes to the company contact information the future.